

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Harrison  
State File No. 18521

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 84

1. PLACE OF DEATH  
a. COUNTY JOHNSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY JOHNSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARRENSBURG c. LENGTH OF STAY (in this place) 4 DAY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MADISON 1

d. FULL NAME OF HOSPITAL OR INSTITUTION MEDICAL CENTER

d. STREET ADDRESS (If rural, give location) R.F.D. #3 HOLDEN, MO

3. NAME OF DECEASED  
a. (First) THOMAS b. (Middle) L. c. (Last) KINNEY

4. DATE OF DEATH MAY 22 1953

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1

8! DATE OF BIRTH JAN 8 1872 9. AGE (In years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY OWN FARM

11. BIRTHPLACE (State or foreign country) JOHNSON CO MO 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME JAMES KINNEY 13b. MOTHER'S MAIDEN NAME HANNA AYLBOR 14. NAME OF HUSBAND OR WIFE. MINNIE S KINNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) V V L 16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Mrs. Res. Mitchell, Warrensburg Mo ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertension

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) prostatic hypertrophy and  
DUE TO (c) urinary retention.

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 weeks

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 610X

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 18, 1953, to May 22, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS Warrensburg Mo 23c. DATE SIGNED 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE MAY 27 '53 24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL 24d. LOCATION (City, town, or county) (State) WARRENSBURG MO

DATE REC'D BY LOCAL REG. \_\_\_\_\_ REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS \_\_\_\_\_

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JUN 9 1953  
REGISTRY  
JOHNSON COUNTY HEALTH DEPT.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. J. Canaday

Licensed Embalmer No. 5434

P. O. Address Holder, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.