

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Francis</u>	b. CITY (If outside corporate limits, write RURAL and give town) <u>Knob Lick</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Francis</u>
c. LENGTH OF STAY (in this place)	d. FULL NAME OF HOSPITAL OR INSTITUTION	c. CITY (If outside corporate limits, write RURAL and give township) <u>Knob Lick.</u>	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>JAMES</u>	b. (Middle) <u>SMITH</u>	c. (Last) <u>KINNEY</u>	(Month) <u>MAY</u>	(Day) <u>10</u>	(Year) <u>1953</u>
(Type or Print)					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 23 1870</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR <u>4</u> MONTHS <u>17</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>George Kinney</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Collick</u>	14. NAME OF MARRIAGE OR WIFE <u>Eda CoHA Kinney</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eda Kinney</u>
		ADDRESS <u>Flat #121, Mo.</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1953 to May 10, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Len Stanford</u>	(Degree or title)	23b. ADDRESS <u>202 - Turner Co. Mo</u>	23c. DATE SIGNED <u>5/20/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knob Lick</u>	24d. LOCATION (City, town, or county) (State) <u>Knob Lick, MO.</u>

DATE REC'D BY LOCAL REG. <u>May 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Catharine Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>	ADDRESS <u>Flat #121, Mo.</u>
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(Licensed Emballer's Statement on Reverse Side)

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

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.