THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20509

State File No.

FILED JUN 2 1953

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 77

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

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada
c. LENGTH OF STAY (In this place) 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pate Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada 1082
d. STREET ADDRESS (If rural, give location) 810 W. Arch Street

3. NAME OF DECEASED (Type or Print) a. (First) Amelia b. (Middle) T. c. (Last) Kimberlin

4. DATE OF DEATH (Month) May (Day) 29 (Year) 53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 3-15-1883

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 2 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeper

10b. KIND OF BUSINESS OR INDUSTRY Newspaper

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nelson Kimberlin

13b. MOTHER'S MAIDEN NAME Nancy J. Coulter

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Lina Savage ADDRESS Nevada Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism, right femoral artery — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — Probably

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Due to acute hemorrhagic encephalitis secondary to Herpes

DUE TO (c) Zoster, left, 5th, intercostal. — 1 month

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None.

19b. MAJOR FINDINGS OF OPERATION 088X

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) m.

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* Apr. 13, 1953, *to* May 20, 1953, *that I last saw the deceased alive on* May 20, 1953 *and that death occurred at* 4:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE Kolba B. Gray M.D. (Degree or title)

23b. ADDRESS Moore Building, Nevada, Mo.

23c. DATE SIGNED 23May1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-22-53

24c. NAME OF CEMETERY OR CREMATORY Deepwood

24d. LOCATION (City, town, or county): Nevada (State) Missouri

DATE REC'D BY LOCAL REG. 5-26-53

REGISTRAR'S SIGNATURE Anna E. Ferry 451

25. FUNERAL DIRECTOR'S SIGNATURE Hays Funeral Service ADDRESS Nevada Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1954

APR 12 1954

JUL 12 1957

JUL 1 1957

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Allen V. Hays

Signed.....
Student Embalmer

Licensed Embalmer No. 1968

P. O. Address Nevada 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.