

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>	
c. LENGTH OF STAY (in this place) <u>7 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>124 W Prospect</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 W Prospect</u>			

3. NAME OF DECEASED (Type or Print) <u>ANNA</u>		a. (First) <u>L</u> b. (Middle) <u>KIMES</u> c. (Last) <u>KIMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 15 53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	
8. DATE OF BIRTH <u>Apr. 6 - 1870</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	

13a. FATHER'S NAME <u>Levin David</u>		13b. MOTHER'S MAIDEN NAME <u>Suzanne W.H. Kimes</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. Kimes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Kimes Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION		INFORMAL BETWEEN ONSET AND DEATH <u>9 mos</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Generalized Arteriosclerosis</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chronic Myocarditis</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) <u>4221</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept, 1952 to June 15, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>6-19-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mrs. Daniel cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>	

DATE REC'D BY LOCAL REG. <u>6-20-53</u>		REGISTRAR'S SIGNATURE <u>Wm. Fred W. Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Poland Funeral Home, Cameron</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 24 1955

MAR 14 1955

JUN 24 1955

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 *Robert F. Colan*

Licensed Embalmer No. *4222*

P. O. Address *Penitentiary*

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.