

FILED JUL 20 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 24117

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>YUBASKI</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (to this place) <u>17 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mounds</u> <u>81208</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp't</u>				d. STREET ADDRESS (If rural, show location) <u>218 N. Delaware</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>DANIEL</u> c. (Last) <u>KINSHAW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-12-1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 9, 1895</u>	9. AGE (In years last birthday) <u>57</u> <u>8</u> <u>3</u>		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw Mill Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling</u>		11. BIRTHPLACE (State or foreign country) <u>DONT KNOW</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DONT KNOW</u>		13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>		14. NAME OF HUSBAND OR WIFE <u>Effie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. B. Kinshaw</u>		ADDRESS <u>Mounds Ill</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt. atelectasis &amp; pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
				DUE TO (c) <u>E. fracture and surgery</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Carcinoma of bladder</u> <u>181X</u>			
19a. DATE OF OPERATION <u>7-3-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>penaplastic infiltrating carcinoma of bladder</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) (Min.)		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 <u>June 19, 1953</u> , to <u>July 12, 1953</u> , that I last saw the deceased alive on <u>July 2, 1953</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Kinshaw, M.D.</u>				23b. ADDRESS <u>801 A Broadway Cape Girardeau Mo</u>		23c. DATE SIGNED <u>7-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 14, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Truettlows</u>		24d. LOCATION (City, town, or county) (State) <u>Mounds Ill</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7-13-53</u>		REG. NO. <u>44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James S. Ryan</u>		ADDRESS <u>Mounds Ill</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed *James J. Ryan*  
Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. *5931*  
P. O. Address *Manassas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.