

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32420

FILED OCT 9 - 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>	PRIMARY REG. DIST. NO. <u>3043</u>	Registrar's No. <u>343</u>
1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal, Mo.</u>		c. LENGTH OF STAY (In weeks) <u>14 1/2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R #3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>06.40</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Parker</u> c. (Last) <u>Kindhart</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>2</u> (Year) <u>1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-15-1904</u>	9. AGE (In years last birthday) <u>49</u> if UNDER 1 YEAR Months _____ Days _____ if UNDER 1 MRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Henry Wm. Kindhart</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Mae Garner</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Mae Kindhart</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Viola Kindhart</u> ADDRESS <u>Hannibal, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of</u>			
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>the Lung - Secondary to</u> DUE TO (c) <u>Central Nervous System</u> <u>7 mo.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Feb 2</u> 19 <u>53</u> to <u>Oct 2</u> 19 <u>53</u> that I last saw the deceased alive on <u>Oct 2</u> 19 <u>53</u> and that death occurred at <u>9:00</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>707 Madison</u>		23c. DATE SIGNED <u>10/1/53</u>
24a. BURIAL, CREMATION, OR OTHER (Specify) _____	24b. DATE <u>10-5-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park Hannibal, Mo.</u>	24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>10-5-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hannibal, Mo.</u>		

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

OCT 8 1959

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED OCT 8 1959

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 *Rayn Clark*
4217

Licensed Embalmer No. _____

P. O. Address Hannibal, 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.