

STANDARD CERTIFICATE OF DEATH

32661

FILED SEP 16 1953

State File No.

BIRTH NO. ... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Humansville		c. CITY (If outside corporate limits, write RURAL and give township) Humansville	
c. LENGTH OF STAY (In this place) 8 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Geo. Dimmitt Mem. Hospital			

3. NAME OF DECEASED a. (First) Susan		b. (Middle) Virginia		c. (Last) Kimes		4. DATE OF DEATH (Month) (Day) (Year) 9-10-53	
5. SEX Fe		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-28-1873	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 1 Wk. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Memphis, Tennessee	

13a. FATHER'S NAME Benjamin I. Eddins		13b. MOTHER'S MAIDEN NAME Susan V. Hale		14. NAME OF HUSBAND OR WIFE Eutie L. Kimes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Travis Kimes Humansville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		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) _____ DUE TO (c) _____		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 4222		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 June, 1951, to Sept, 1953, that I last saw the deceased alive on 9-10, 1953, and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE J. G. Robinson - MD		(Degree or title)		23b. ADDRESS Humansville, Mo		23c. DATE SIGNED 9/11/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-53		24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		24d. LOCATION (City, town, or county) (State) Humansville, Missouri	
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DATE REC'D BY LOCAL REG. 9/12/53		REGISTRAR'S SIGNATURE Ralph Bordin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beckwith Funeral Home Humansville	
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21 1958

JAN 6 1958

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 C. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address. Humansville, 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.