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

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36407

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Lawrence County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 1. Marionville
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. 1. Marionville N. Buck Prairie Tws.
d. STREET ADDRESS (If rural, give location): 0550 0

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) Robinson; c. (Last) Kimzey

4. DATE OF DEATH (Month) (Day) (Year): October - 22, 1953

5. SEX: Male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /

8. DATE OF BIRTH: Oct. 31, 1890

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR Months: 11 Days: 22 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hugoton, Kansas, /

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

13a. FATHER'S NAME: Ephriam Robinson Kimzey

13b. MOTHER'S MAIDEN NAME: Julian L. Abbott

14. NAME OF HUSBAND OR WIFE: Harriett Kinzey

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

16. SOCIAL SECURITY NO.: 514-01-0202

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Harriett Kimzey, Marionville, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

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: 4201

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* 10 - 22, 1953, *to* 10 - 22, 1953 *that I last saw the deceased alive on* 10 - 22, 1953 *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ethel C. Rasa 2 D.D.

23b. ADDRESS: 119 E. Madison, Aurora, Mo.

23c. DATE SIGNED: 10-24-'53.

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

24b. DATE: Oct. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cem.

24d. LOCATION (City, town, or county) (State): Marionville, Mo.

DATE REC'D BY LOCAL REG.: 10-24-1953

REGISTRAR'S SIGNATURE: Ora McNett 157-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. D. Burridge, Marionville, Mo.

(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_____

_____ Student Embalmer No. _____

working under my personal supervision.

Student .....
Student Embalmer

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Marionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.