

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38312

State File No.

FILED DEC 14 1953

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|---|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>1275</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan,</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>5 yrs. 7 mo. 22 d.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe,</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2,</u> | | | | 3. NAME OF DECEASED a. (First) <u>LON</u> b. (Middle) <u>-</u> c. (Last) <u>KINSER,</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>12-8-1952</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower,</u> | |
| 8. DATE OF BIRTH <u>9-30-1879,</u> | | 9. AGE (In years last birthday) <u>74</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Sampson, Missouri,</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture,</u> | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>J. T. Kinser</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emily Wilcox</u> | | 14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</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 ADDRESS <u>Wm. J. Saale 812 Vine St, Chillicothe, 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis,</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 4221 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>9-12-</u> , 19 <u>50</u> , to <u>12-8-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-7-</u> , 19 <u>53</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Harriet Thomas</u> | | 23b. ADDRESS (Degree or title) <u>MD, State Hospital No. 2, St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>12-8-1952</u> | | | |
| 24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>12-8-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chillicothe Mo</u> | | 24d. LOCATION (City, town, or county) (State) <u>Chillicothe Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec 11, 1953</u> | | REGISTRAR'S SIGNATURE <u>Neather M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Homey Funeral Home St. Joseph, Mo</u> | | | |

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

DEC 30 1952

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 John Roy Stone

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.