No. 300
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FILED JAN 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42237
State File No.

BIRTH NO. REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5149 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower Twp. Rural
c. LENGTH OF STAY (In this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm Home 5½ Mi So. Ea.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell 0130
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamilton R.R. 1. Gower Twp.
d. STREET ADDRESS — (If rural, give location): 5½ mi So East of Hamilton

3. NAME OF DECEASED (Type or Print)
a. (First): Lennis
b. (Middle): Frances
c. (Last): Kinne

4. DATE OF DEATH (Month) (Day) (Year): Dec 27 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feby 1, 1899
9. AGE (In years last birthday): 54 — Months: 10 Days: 26 Hours: X Min.: X
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and State or Foreign Country): Hamilton Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Frank L Royer
13b. MOTHER'S MAIDEN NAME: Ada Merryfield
14. NAME OF HUSBAND OR WIFE: Fina J Kinne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Fina J Kinne — **ADDRESS**: Hamilton 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) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331 X
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 Dec 25, 1953, to Dec 27, 1953, that I last saw the deceased alive on Dec 27, 1953, and that death occurred at 6:42 P m., from the causes and on the date stated above.

23a. SIGNATURE: J. R. Elsley (Degree or title) DO.
23b. ADDRESS: Hamilton Mo.
23c. DATE SIGNED: Dec 29 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 30 1953
24c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
24d. LOCATION (City, town, or county) (State): Hamilton Mo.

DATE REC'D BY LOCAL REG.: 12-30-53
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Braun Funeral Home — **ADDRESS**: Hamilton Mo

4 14 - 0 (Licensed Embalmer's Statement on Reverse Side)

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

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 Dale A. Oldfield Student Embalmer No. _____ working under my personal supervision.

Student .....
Student Embalmer

Signed Dale A. Oldfield

Licensed Embalmer No. 4542

P. O. Address Hamilton, Md

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.