

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43485**

FILED DEC 31 1953

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5625</u> Registrar's No. <u>178</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Auglaize T. S.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Auglaize T. S.</u>		d. STREET ADDRESS (If rural, give location) <u>Sleeper Rt. 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sleeper Rtl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15 1953</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u>		b. (Middle)	c. (Last) <u>Kinnett</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 11 1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>David McClure</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalia Fulbright</u>	14. NAME OF HUSBAND OR WIFE <u>J. J. Kinnett</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 ADDRESS <u>Jack Kinnett Sleeper Rt. 1</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis Myocardium</u> 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. <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</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)		
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>4-12-</u> , 19 <u>50</u> , to <u>12-15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-15</u> , 19 <u>53</u> and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paula Jenkins M.D.</u>		23b. ADDRESS <u>Knights Bldg Lebanon Mo</u>		23c. DATE SIGNED <u>12-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-21-1953</u>	REGISTRAR'S SIGNATURE <u>Della L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u>		ADDRESS <u>Lebanon Mo.</u>

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

6230 /

DEC 28 1953

12.53.1845

DEC 27 1953

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Libanon, 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.