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RN-6033

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7870**
Registrar's No. **183**

BIRTH NO. **REC'D APR 2 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Brunot	
c. LENGTH OF STAY (in this place) 14 days		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) VERNON	b. (Middle) PAUL	c. (Last) KIMES	4. DATE OF DEATH (Month) (Day) (Year) March 9, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21, 1929	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Brunot, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Arthur D. Kimes	13b. MOTHER'S MAIDEN NAME Ora May Vallance	14. NAME OF HUSBAND OR WIFE Betty Kimes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes	16. SOCIAL SECURITY NO. 1-5-51/12-30-52	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOUS MENINGITIS	DUE TO (b) PRIMARY PULMONARY TUBERCULOSIS		
ANTECEDENT CAUSES <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>	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 002X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 23, 1954**, to **March 9, 1954**, and that death occurred at **10:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Claude K. LEEPEN, M.D.	23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	23c. DATE SIGNED 3/9/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/12/54	24c. NAME OF CEMETERY OR CREMATORY mt. Zion	24d. LOCATION (City, town, or county) (State) Des Arc Mo
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DATE REC'D BY LOCAL REG. 3/12/54	REGISTRAR'S SIGNATURE CRH Murrell	25. FUNERAL DIRECTOR'S SIGNATURE NORMAN A GUSH	ADDRESS Piedmont Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1955

SEP 27 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.....

Licensed Embalmer No.

P. O. Address.....

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

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