

FILED JUN 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16738

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY OR TOWN <u>Diamond</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>0720</u>			
3. NAME OF DECEASED a. (First) <u>Artie</u>			b. (Middle) <u>Lavinia</u>		c. (Last) <u>Kinney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 - 1954</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 24 - 1883</u>		9. AGE (In years last birthday) <u>70</u>	UNDER 1 YEAR Months Days Hours Mins.	UNDER 10 YRS. Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Franklin Harmon</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Daniel</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Kinney</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>Alta Bryan - Rt 1 - Searcy - 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>Nephritis induced by re-embecy.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fracture of Rt Humerus.</u>		15 days	
		DUE TO (c) <u>Diabetes mellitus</u>				14-	
		II. OTHER SIGNIFICANT CONDITIONS Coronary heart disease (old infarct) 3 yrs. Carcinoma of breast (benign) 3 yrs.					
19a. DATE OF OPERATION <u>5-17-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture middle third of humerus</u>						
20. AUTOBSEY? 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.) <u>In Car</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion - Newton 073 Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 16 '54 12:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Loose gravel forced car into ditch.</u>			
22. I hereby certify that I attended the deceased from <u>July 19, 1926</u> , to <u>May 29, 1954</u> , that I last saw the deceased alive on <u>May 29, 1954</u> , and that death occurred at <u>5 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. O. Chester, D.O.</u>				23b. ADDRESS <u>Granby Mo</u>		23c. DATE SIGNED <u>5-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Powers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co - Mo</u>			
DATE REC'D BY LOCAL REG. <u>May 31, 1954</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>		ADDRESS <u>Carthage Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 654-95

Date Filed JUN 4 1954

NEOSHO, MISSOURI

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 _____
Signature of Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 444

P. O. Address Carthage

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.