

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

1954

FILED JUL 6 1954

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 164

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>	c. CITY OR TOWN <u>Maryville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallin Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0742</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLEY</u>	b. (Middle) <u>ASBURY</u>	c. (Last) <u>KINMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/28/74</u>	9. AGE (in years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nodaway County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ruel Kinman</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mollie Moulder Kinman</u>
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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>Mrs. Emory Farquhar, Maryville, Mo.</u>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis.</u> DUE TO (c) <u>Cardiac pump failure.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/2 x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>
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22. I hereby certify that I attended the deceased from May 20, 1954, to June 25, 1954, that I last saw the deceased alive on June 24, 1954, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Blawie Lord</u> (Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Elmo, Missouri</u>	23c. DATE SIGNED <u>6/26/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clearmont</u>	24d. LOCATION (City, town, or county) (State) <u>Clearmont, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-3-54</u>	REGISTRAR'S SIGNATURE <u>Bess Hult</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo</u>
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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 *Clem M. Pisci*.....

Licensed Embalmer No. *187*.....

P. O. Address *Manville*.....

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.