

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22060

State File No. \_\_\_\_\_

FILED JUL 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5710 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fillmore twp</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fillmore twp. 0090</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>12 Mi. West of Glen Allen</u>			8. STREET ADDRESS (If rural, give location) <u>12 Mi. West of Glen Allen</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Uriel</u> b. (Middle) <u>Elexis</u> c. (Last) <u>Kinder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 27 54</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 12-1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months <u>6</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Glen Allen, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Jacob M. Kinder</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Allbright</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Kinder</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Kinder Glen Allen, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Atherosclerotic cardio vascular disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Heat prostration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>  <u>year</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) <u>4201 F</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>July 5, 1953</u> , to <u>June 27, 1954</u> , that I last saw the deceased alive on <u>June 18, 1954</u> , and that death occurred at <u>8:45 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Everette L. Price</u> (Degree of title) <u>D.O.</u>			23b. ADDRESS <u>Lutesville, Mo.</u>		23c. DATE SIGNED <u>6-30-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>6-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Chapel cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ballinger Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 14-54</u>		REGISTRAR'S SIGNATURE <u>William W. Hartenburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shirley Kinder Lutesville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
v. 10.48  
090

JUN 29 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 Gene O'Connell

Licensed Embalmer No. 4327

P. O. Address Jackson, W. Va.

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.