

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23500

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Dave</u> <u>Laclede - Eldridge T.S.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Dove Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>0150</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mathew Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>1</u> c. (Last) <u>KINDIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1954</u>		
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>July 11 - 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Winston Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Samuel Kindig</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Lehman</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Kindig</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>509053022</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms John Kindig</u>
		ADDRESS <u>Camdenton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/22/1</u>	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) (m.)	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 Jan 2, 1952, to June 15, 1954 that I last saw the deceased alive on June 13, 1954, and that death occurred at 1 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry M. Griffith M.D.</u>	(Degree or title)	23b. ADDRESS <u>Camdenton Mo</u>	23c. DATE SIGNED <u>7-3-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 5 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hellhouse cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Camden County MO</u>
DATE REC'D BY LOCAL REG. <u>7-10-1954</u>	REGISTRAR'S SIGNATURE <u>Wella L. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Evans</u>	ADDRESS <u>Stullard Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1954
Received
Essex County Health Unit
File No. 7-54-112
Date Filed JUL 20 1954

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 Dorsey M. Howe

Licensed Embalmer No. 4322

P. O. Address. Lebanon, N.H.

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.