

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23819

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) BRANBY		c. CITY (If outside corporate limits, write RURAL and give township) BRANBY	
c. LENGTH OF STAY (in this place) YAS		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) HARLAN b. (Middle) WINFORD c. (Last) Kimbrough			DATE OF DEATH (Month) (Day) (Year) 7 6 1954			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-31-1890	9. AGE (In years last birthday) 63	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER & OPERATOR A		10b. KIND OF BUSINESS OR INDUSTRY REST HOME		11. BIRTHPLACE (State or foreign country) STELLA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES Kimbrough	13b. MOTHER'S MAIDEN NAME LOUVINA STIPP	14. NAME OF HUSBAND OR WIFE John Judd Kimbrough
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME John Judd Kimbrough	ADDRESS Brady Mo.
---	-------------------------------------	--	--------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Depine & Pelvis		INTERVAL BETWEEN ONSET AND DEATH 3 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, stating the underlying cause last. DUE TO (b) Cancer prostate		
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 177X	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) (Min.)	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 **6-15**, 1954, to **7-6**, 1954, that I last saw the deceased alive on **7-5**, 1954, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Slemons MD	23b. ADDRESS Brandy Mo	23c. DATE SIGNED 7.9.54
--	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-8-54	24c. NAME OF CEMETERY OR CREMATORY NEWTONIA 1005	24d. LOCATION (City, town, or county) (State) Newtonia MO
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. July 8, 1954	REGISTRAR'S SIGNATURE M. Z. Young	25. FUNERAL DIRECTOR'S SIGNATURE L. E. Slemons MD	ADDRESS Brandy, Mo
--	--	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0730

0730

DATE FILED
DEPARTMENT OF HEALTH
NEWTON COUNTY HEALTH OFFICE
754-136

NEWTON COUNTY HEALTH

AUG 8 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 F. E. Skumole Jr.

Licensed Embalmer No. 4923

P. O. Address Box 58 Grayly, Mo.

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.