

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31113

State File No.

FILED SEP 20 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 147

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		STREET ADDRESS (If rural, give location) <u>132 McClure Addn.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>132 McClure Addn.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Seberon</u> b. (Middle) <u>Ray</u> c. (Last) <u>Kinnaird</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2 1954</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>July 25 1879</u>	9. AGE (In years last birthday) <u>75</u>
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Big Piney Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Bird Kinnaird</u>		13b. MOTHER'S MAIDEN NAME <u>Miram McCowen</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Kinnaird</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S. R. Kinnaird Lebanon 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, ashenia, 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 Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</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>Arteriosclerotic Heart Disease 3 yrs.</u>			
		DUE TO (c) <u>Peripheral Vascular Disease</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>100</u>		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)		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 3/30, 1954, to 9/2, 1954, that I last saw the deceased alive on 9/2, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George Z. Fisher M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon, Mo</u>		23c. DATE SIGNED <u>9/3/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/4/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	
		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>			

DATE REC'D BY LOCAL REG. <u>9-4-1954</u>		REGISTRAR'S SIGNATURE <u>Mella L. Gray</u> <u>424</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. R. Pelous Lebanon Mo</u>	
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SEP 11 1954

Received

Laclede County Health Uni

File No. 9-54-142

Date Filed SEP 18 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley R. Palmer

Licensed Embalmer No. 4816

P. O. Address Lebanon,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Falsely 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.