

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41349

FILED JAN 5 1955

State File No. _____
Registrar's No. 500

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 500					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson			
b. CITY OR TOWN Independence		c. LENGTH OF STAY (in this place) 30 days		c. CITY OR TOWN Independence		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				STREET ADDRESS (If rural, give location) 11304 E. 13th				7005			
3. NAME OF DECEASED (Type or Print) HENRY WARD KINSEY				a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH Dec-20-1954		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH July-20-1885		9. AGE (In years last birthday) 69		10. MONTHS 5		11. DAYS 0		12. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Butcher			10b. KIND OF BUSINESS OR INDUSTRY Meat Market			11. BIRTHPLACE (City and State or Foreign Country) Texas Co. Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME David Kinser			13b. MOTHER'S MAIDEN NAME Nancy			14. NAME OF HUSBAND OR WIFE Sura J. Kinser					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Sura J. Kinser					ADDRESS Independence	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia right lung with bilateral bronchitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma INTERVAL BETWEEN ONSET AND DEATH							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		493 X	
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 June, 1954, to Dec 20, 1954, that I last saw the deceased alive on Dec 20, 1954 and that death occurred at 7 P. m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Fred W. Smith, M.D.				23b. ADDRESS Kansas City, Mo				23c. DATE SIGNED 12-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-22-54		24c. NAME OF CEMETERY OR CREMATORY Mount Grove		24d. LOCATION (City, town, or county) Independence Mo		(State)			
DATE REC'D BY LOCAL REG. 12-22-54		REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)		25. FUNERAL DIRECTOR'S SIGNATURE Roland P. Speaks		ADDRESS Independence Mo					

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

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.....

Licensed Embalmer No.....

P. O. Address

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.