

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41557

State File No. ....

No. 300  
10.48

FILED JAN 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5629 Registrar's No. 229

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>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL Hooker T. S.</u> )		c. LENGTH OF STAY (In this place) <u>5 Days</u>	c. CITY OR TOWN <u>Hooker T.S.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 Miles N.W. of Lebanon</u>		STREET ADDRESS (If rural, give location) <u>0530 14 Miles N.W. of Lebanon, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Kinder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 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>June 25, 1892</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gordonville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>J.A. Kinder</u>	
13b. MOTHER'S MAIDEN NAME <u>Pauline Newsbaum</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Kinder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WW I</u>		16. SOCIAL SECURITY <u>487-24-4735</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Kinder</u>		ADDRESS <u>Bennett Springs, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial disease</u> ANTECEDENT CAUSES <u>History of heart disease</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4222</u>	
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) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:35P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. McCarrington M.D.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>12-29-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>12-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>		DATE REC'D BY LOCAL REG. <u>12-31-1954</u>	
REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.B. Palmer</u>	
ADDRESS <u>424</u>		ADDRESS <u>Lebanon, Mo.</u>	

Received 1-8-53  
Laclede County Health Unit  
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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 Stanley B. Palmer

Licensed Embalmer No. H.S.  
P. O. Address Lebanon

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.