

FILED JAN 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 967

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Harrison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>New Hampton</i>		c. LENGTH OF STAY (in this place) <i>5 yrs</i>	c. CITY OR TOWN <i>New Hampton</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>North Part of New Hampton</i>		e. STREET ADDRESS (If rural, give location) <i>North Part of New Hampton</i> 04710	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Emma</i> b. (Middle) <i>Jean</i> c. (Last) <i>Kinder</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 16 1955</i>
---	---

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 27 1884</i>	9. AGE (in years last birthday) Months Days Hours Min. <i>70 11 19</i>
-------------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm House Wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmers Wife</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Kentucky</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
---	--	---	--

13a. FATHER'S NAME <i>George Johnson</i>	13b. MOTHER'S MAIDEN NAME <i>Angelida Elm</i>	14. NAME OF HUSBAND OR WIFE <i>Estel Kinder Deceased</i>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>K</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Helen M. Kinder New Hampton mo</i>
---	-------------------------------------	--

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 <i>Sudden</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		
	ANTECEDENT CAUSES 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"/>
------------------------	----------------------------------	--

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) <i>4201</i>
--	--	--

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 *3* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Frank H. Rose M.D.</i>	23b. ADDRESS <i>Albany, Mo</i>	23c. DATE SIGNED
---	-----------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 18 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Foster Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>New Hampton Mo</i>
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <i>1-20-55</i>	REGISTRAR'S SIGNATURE <i>Zola Burris</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W H Noble &amp; Son New Hampton, mo</i>
--	---	--

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. H. Noble.....

Licensed Embalmer No. 2904

P. O. Address New Hampton

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.