

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21541**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gashland</u>		c. CITY OR TOWN <u>Gashland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 YRS</u>		STREET ADDRESS (If rural, give location) <u>R. Rte #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. Rte #1 Gashland, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGIL</u> b. (Middle) <u>RAY</u> c. (Last) <u>KINSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 28, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cauc.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Dec. 3, 1891</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if not done during death)	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bosworth, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>John L. Kinsey</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelius</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Kulu Kinsey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-36-6638</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Kulu Kinsey</u> ADDRESS <u>R. Rte #1 Gashland 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN DEATH AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) <u>4201</u>			
		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 <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 25, 1952 to July 12, 1955 that I last saw the deceased alive on July 12, 1955 and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Gelleraud</u>		23b. ADDRESS <u>1111 E. 11th St. Kansas City, Mo.</u>		23c. DATE SIGNED <u>7-29-55</u>	
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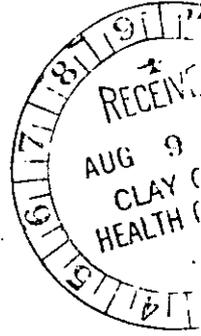
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Com.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>8-1-55</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u> ADDRESS <u>494</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u> ADDRESS <u>No. Kansas City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Silliland  
Nevan Bldg K.C.K.



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 *John H. Halsebrook*

Licensed Embalmer No. 494  
P. O. Address *No. Kansas*

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.