

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29101

State File No. \_\_\_\_\_  
Registrar's No. 512

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>	
b. CITY OR TOWN <u>Poplar Bluff</u> c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Ellington</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		STREET ADDRESS (If rural, give location) <u>09001</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Finley</u>	b. (Middle) <u>Shadric</u>	c. (Last) <u>Kinnard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 '55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug 12, 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fremont Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wesley Kinnard</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Rousse</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie Kinnard</u>
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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. <u>492-10-334</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Kinnard</u>	ADDRESS <u>Ellington</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		
	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.		<u>151X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-17, 1955, to 9-18, 1955, that I last saw the deceased alive on 9-18, 1955, and that death occurred 2:37 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank E. Dineen</u>	23b. ADDRESS <u>Poplar Bluff Mo</u>	23c. DATE SIGNED <u>9-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 21 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Day Valley</u>	24d. LOCATION (City, town, or county) (State) <u>Keokville Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/23/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Ellington Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
SEP 26 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 *Chas. S. Beath* \_\_\_\_\_

Licensed Embalmer No. *457*

P. O. Address *Ellington*

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.