

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

5418 State File No. 40128

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 1176 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cotton Hill Twp.</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Residence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cotton Hill Twp.</u>	
		d. STREET ADDRESS (If rural, give location) <u>East of Malden Air Base</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Audie</u> b. (Middle) <u>Kinder</u> c. (Last) <u>Kinder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-55</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>1904-11-27</u>	9. AGE (In years last birthday) <u>51</u>	10. IF UNDER 1 YEAR Days <u>25</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-keeping at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pope County Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>George Hogg</u>		13b. MOTHER'S MAIDEN NAME <u>George Ann Ramsey</u>	
		13c. NAME OF HUSBAND OR WIFE <u>John T Kinder</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John T Kinder</u>		18. ADDRESS <u>Malden Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death Malaise</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Conc</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260x</u>			

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) _____
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 Jan 1, 1955, to Dec 1, 1955, that I last saw the deceased alive on Dec 1, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Schumann</u> (Degree or title) _____	23b. ADDRESS <u>Malden Mo</u>	23c. DATE SIGNED <u>Dec 15</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Bx Memorial N. of Malden Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>12-27-55</u>	REGISTRAR'S SIGNATURE <u>J. D. Schumann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C. Knight</u>	ADDRESS <u>Malden Mo</u>

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

300
48

RECEIVED DUNKLIN CO

DEPARTMENT ...1-9-...

COUNTY FILE NUMBER

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
Student Embalmer

Signed *Thomas C. Knight*

Licensed Embalmer No. *2189*

P. O. Address *Malden Me*

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 this body is not embalmed, fact should be so stated above.