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FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41565

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>50 yrs.</u>	c. CITY OR TOWN <u>Sedalia</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>Bothwell Hospital</u>		STREET ADDRESS (If rural, give location) <u>210 East 6th., St.</u> <u>0.80-0</u>	

3. NAME OF DECEASED (Type of Print) a. (First) <u>VICTOR</u> b. (Middle) <u>V.</u> c. (Last) <u>KINSEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 26, 1955</u>
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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>Oct. 8, 1879</u>	9. AGE (In years birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Conductor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Troutwood, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>David Kinsey</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Ullery</u>	14. NAME OF HUSBAND OR WIFE <u>Mayme Kinsey</u>
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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 AND ADDRESS <u>Mrs. Mayme Kinsey, Sedalia, 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, asthenia, 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 the Ascending Colon with Liver Metastases.</u>			About 7 months.
	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>None other.</u>		<u>153X</u>		

19a. DATE OF OPERATION <u>Refused</u>	19b. MAJOR FINDINGS OF OPERATION <u>operation when diagnosis was made at Parsons Hosp.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Please see other side.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>	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 Over 2 yrs to Dec. 26th, 1955, that I last saw the deceased alive on Dec. 25th, 1955 and that death occurred at 12:55 pm from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>	23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>12-27-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/28/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/28/55</u>	REGISTRAR'S SIGNATURE <u>Lavina Coates Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>O.W. Deekart Sedalia, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

About seven months ago this man was sent to the M.K.T.R.R. Hospital
Parsons, Kansas. A diagnosis was made there of Malignancy of the Ascending
Colon and operation was offered. The patient refused and returned home.
The diagnosis must have been right. Liver Metastases followed.

Jho. B. Case, M.D.
Jno. B. Carlisle, M.D.

Sedalia, Missouri.

December 27th, 1955.

1955
JAN 3 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Russell C. Mac*.....

Licensed Embalmer No. *48*.....

P. O. Address *Sedalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.