

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4280**

FILED MAR 15 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KENNETT</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KENNETT</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>904 WHITNEY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PRESNELL HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>KINNARD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 26 1956</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>NOV. 25, 1954</b>		9. AGE (In years last birthday) <b>1</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>KENNETT, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>					

13a. FATHER'S NAME <b>O.L. KINNARD</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE GOLDSMITH</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>O.L. KINNARD</b> ADDRESS <b>KENNETT, MO.</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Methemoglobinemia</b>		<b>4 hours</b>	
		DUE TO (c) <b>Ingestion &amp; Inhalation kerosene</b>		<b>6 hours</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumonia, bronchial, Otitis media, bilateral</b>		<b>2 days</b>	
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Kennett, Dunklin, MO.</b> (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? <b>Ingestion &amp; inhalation kerosene</b>	

22. I hereby certify that I attended the deceased from **Feb 26, 1956, to Feb 26, 1956**, that I last saw the deceased alive on **Feb 26, 1956**, and that death occurred at **1:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James Duzzeel</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Kennett, MO.</b>		23c. DATE SIGNED <b>3-1-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB 27, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREGORY CEM.</b>	
				24d. LOCATION (City, town, or county) (State) <b>DUNKLIN COUNTY, MO</b>	

DATE REC'D BY LOCAL REG. <b>3-7-1956</b>		REGISTRAR'S SIGNATURE <b>Earl Hubben</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BALDWIN FUNERAL SERVICE INC.</b> ADDRESS <b>KENNETT, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT .....3-13-56.....

COUNTY FILE NUMBER .....356-.....

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 \_\_\_\_\_

*Body was Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lyman R. Shumaker*

Licensed Embalmer No. *4969*

P. O. Address *Kennett, Mo.*

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.