

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4382**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **199**

| | | | | | |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. LENGTH OF STAY (in this place) 27 days | c. CITY OR TOWN Rogersville | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital | | | e. STREET ADDRESS (If rural, give location) Route 2 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LETHA | | | b. (Middle) DAUGHERTY | c. (Last) KINSER | 4. DATE OF DEATH (Month) (Day) (Year) March 1 1956 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 10, 1893 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days |
| IF UNDER 24 HRS. Hours Min. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Christian County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Francis Daugherty | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE W. H. Kinser | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. H. Kinser, Rogersville, Missouri | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular | | | | 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) disease | | | | |
| | DUE TO (c) | | | | |
| | 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 443x | | | | 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) | | 21d. (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 _____, 19____, to 1 March, 1956 , that I last saw the deceased alive on 29 Feb , 1956, and that death occurred at 2:53 P. m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Henry J. Peterson M.D. | | | 23b. ADDRESS Springfield, Mo | | 23c. DATE SIGNED 5 March 56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE March 3, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri | | |
| DATE REC'D BY LOCAL REG 3-6-56 | REGISTRAR'S SIGNATURE Patt Williams | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Jewell E. Winke Springfield, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

W.P. Weston

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..... *Bernard F. Wright*

Licensed Embalmer No..... *42*

P. O. Address..... *Springfield*

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.