

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4525

State File No.

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5523 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Nickory Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Nickory</u>	
b. CITY (If outside corporate limits, give RURAL and give town) <u>Green</u>	c. LENGTH OF STAY (in this place) <u>67 1/2 YRS</u>	c. CITY OR TOWN <u>Rural - Green</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>84210</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie Mae</u> b. (Middle) <u>Evans</u> c. (Last) <u>Kinslow</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-25-1956</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>Jan-28-1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>28</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Nickory Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>J. W. DRYER</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Meadows</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Kinslow</u>
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Joe Kinslow - Urbana, MO.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>	ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 <u>334x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb 22, 1956, to Feb 25, 1956, that I last saw the deceased alive on Feb 24, 1956, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. O. Bailey</u>	23b. ADDRESS <u>also Urbana mo</u>	23c. DATE SIGNED <u>Mar 1-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Polk MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen W. Vaughan Urbana, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-2-56</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u> <u>464-</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1958

MAR 9 1958

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 *Allen W. Saugher*

Licensed Embalmer No. *4156*

P. O. Address *Urbana,*

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.