

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5547

State File No.

FILED MAR 5 1956

BIRTH NO. _____ REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 5667 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits write RURAL and give name of town) OR TOWN <u>Troy - Rural Bedford</u> LENGTH OF STAY (in this place) <u>14 da</u>		c. CITY OR TOWN <u>Troy Rural Bedford</u> <input checked="" type="checkbox"/> Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Troy Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>Troy Mo.</u> <u>0570</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Hayes</u> b. (Middle) <u>Kinion</u> c. (Last) <u>Kinion</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 22 1956</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>Sept 10 1876</u>	9. AGE (In years last birthday) <u>79</u>	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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jim Kinion</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Monroe</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Viola Kinion</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Effie Viola Kinion</u> ADDRESS <u>Truxton 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		
	DUE TO (c) <u>Senility</u>		
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 7, 1954, to 2/22, 1956, that I last saw the deceased alive on 2/22, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Troy Mo</u>	23c. DATE SIGNED <u>2-25-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 25 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion M.E.</u>	24d. LOCATION (City, town, or county) (State) <u>Truxton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-3-56</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u> ¹⁶²	25. FUNERAL DIRECTOR'S SIGNATURE <u>Aland L Jones</u> ADDRESS <u>Bellflower Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Me, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Oland A Jones*

Licensed Embalmer No..2978.....

P. O. Address Bellflower. M.....

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.