

FILED MAY 14 1956

## STANDARD CERTIFICATE OF DEATH

12409

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 513

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. CITY OR TOWN <u>ST. JOSEPH</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>905 SOUTH 22ND, ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>905 SOUTH 22ND, ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>ORWIN</u> c. (Last) <u>KINSY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 30, 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Jan. 1, 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER SHOP OWNER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SABETHA, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>WILLIAM KINSEY</u>	13b. MOTHER'S MAIDEN NAME <u>ARMEDA COPE</u>	14. NAME OF HUSBAND OR WIFE <u>MABEL</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. I</u>	16. SOCIAL SECURITY NO. <u>491-09-2865</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. J. Clark</u> ADDRESS <u>INDEPENDENCE, MISSOURI</u>
--	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		DUE TO (b) <u>signed as an unattended</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) <u>death in the city of St. Joseph Mo.</u>		
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	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) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 VIEWED 4-30, 1956, to \_\_\_\_\_, 19\_\_\_\_, that I ~~last saw~~ have seen the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:0 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Maguire MD</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Physician &amp; Surgeons Bldg, 216 St. Joseph, Mo.</u>	23c. DATE SIGNED <u>5-1-56</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>MAY 3, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BERN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BERN, KANSAS</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 10, 1956</u>	REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Harmon</u> ADDRESS <u>BARRY-HARMAN FUNERAL HOME - ST. JOSEPH, MO.</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1956

JUN 7 1956

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 Charles M. Skarna

Licensed Embalmer No. 4487

P. O. Address WATHENA, KAN

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.