

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13609

State File No.

FILED APR 26 1956

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>172</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>Independence</u>		d. Residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2542 South Scott</u>				f. STREET ADDRESS (If rural, give location) <u>2542 South Scott</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ervin</u> b. (Middle) <u>E.</u> c. (Last) <u>Kinney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April - 13 - 1956</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>March 5 1876</u>			
9. AGE (In years last birthday) <u>80</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>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lima Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Joseph W. Kinney</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Stone</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edith Easter Indep. Mo</u>					
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>yes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary emphysema & fibrosis</u>				ANTECEDENT CAUSES DUE TO (b) <u>cause unknown</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>518X</u>				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) _____		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 <u>June 29, 1955</u> , to <u>4/13</u> , 19 <u>56</u> that I last saw the deceased alive on <u>4/13</u> , 19 <u>56</u> , and that death occurred at <u>7:55 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Vance E. Lusk, M.D.</u>				23b. ADDRESS <u>129 W Lexington Independence, Mo</u>		23c. DATE SIGNED <u>4/16/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 16 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burial Ground</u>		24d. LOCATION (City, town, or county) (State) <u>Independence - Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-16-56</u>		REGISTRAR'S SIGNATURE <u>Vance E. Lusk</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roland R. Heaps - Indep. Mo</u>					

(Licensed Embalmers' Statement on Reverse Side)

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

300
48

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..... *Kenneth Patterson*

Licensed Embalmer No. *A. 6. 7*

P. O. Address *Indep. W.*

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.