

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24199

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5586</u>		Registrar's No. <u>145</u>					
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marion Township</u>) c. LENGTH OF STAY (in this place) <u>20 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carthage Route 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Carthage</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Carthage</u> <u>0490</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGIL</u> b. (Middle) <u>SCOTT</u> c. (Last) <u>KIMBERLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1956</u>		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>Nov. 12, 1883</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sarcoxie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. H. Kimberlin</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy A. Chambers</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Franken Kimberlin</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>Ruth DeShong, 118 S. Fulton, Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic Anemia</u> ANTECEDENT CAUSES <u>unknown</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>about Feb. 1955</u>									
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) (Min.)		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>10-7, 1949</u> , to <u>7-8, 1956</u> , that I last saw the deceased alive on <u>7-8, 1956</u> , and that death occurred at <u>1:58 PM</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>[Signature] MD</u>				23b. ADDRESS <u>Carthage, Mo</u>				23c. DATE SIGNED <u>7-11-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near LaRussell, Mo</u>					
DATE REC'D BY LOCAL REG. <u>7-11-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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County: 2-56-1-5-83
OCT 2 1956
JUL 20 1956

OCT 2 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 *D. L. Isbell*

Licensed Embalmer No. *4970*

P. O. Address *Cothage*

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.