

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42165

FILED DEC 21 1956

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 446

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital				Length of stay in lb 1 week		d. STREET ADDRESS (If outside, give location) 517 North Fourth	
3. NAME OF DECEASED (Type or print) First CHARLES Middle S. MISSOURY Last KINSEY				4. DATE OF DEATH Month December Day 10 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 28, 1869		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 4 Days 12 Hours 12 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Section Foreman		10b. KIND OF BUSINESS OR INDUSTRY Foreman Retired		11. BIRTHPLACE (City and state or country) Monroe County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Oliver Kinsey				14. MOTHER'S MAIDEN NAME Rachel No record			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT Address Arthur S. Kinsey New London Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive heart failure						INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to 12-10-56 and last saw her/him alive on 12-10-56 . Death occurred at 5:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Kim Young MD				22b. ADDRESS 115 N Fifth, Hannibal, Mo		22c. DATE SIGNED 12-12-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/12/56	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal Missouri		
24. FUNERAL DIRECTOR Hesselford		ADDRESS Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 12-15-56		26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Fisher	

(Licensed Embalmer's Statement on Reverse Side)

11th, welfare, public service, 00-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Doctor, coroner, etc. must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED DEC 19 1956
MARION CO. HEALTH DEPT.
DATE FILED DEC 19 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Stone*.....
Licensed Embalmer No...454

P. O. Address...Hannibal, Mo.

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.