

HEALTH DIVISION OF DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3983

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 53 Primary Registration District No. 4076 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gordonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Gordonville</u>		0160 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home - No Street Add.</u>				Length of stay in b. <u>Several Weeks</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>		
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Newton</u> Last <u>Kinder</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>24</u> Year <u>1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 7 1880</u>		
10a. 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>Farm</u>		9. AGE (In years last birthday) <u>76</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo</u>		
13. FATHER'S NAME <u>Cornelius Kinder</u>				14. MOTHER'S MAIDEN NAME <u>Jamima Adoline Thompson</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-40-0955</u>		17. INFORMANT Address <u>Loeman Kinder Holland, Mo</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Schickel Hemorrhage</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Bronchial Pneumonia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo - 24 da.</u>		
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.) <u>2</u>					
20c. TIME OF INJURY Hour <u>2:30</u> Month, Day, Year 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 <u>Gordonville, Missouri</u>			STATE <u>Mo</u>			
21. I attended the deceased from <u>Jan 1 - 1957</u> to <u>Feb 23 - 1957</u> and last saw her alive on <u>Feb 23 - 57</u> Death occurred at <u>2:30 A m</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>W. W. Ford, M.D.</u>				22b. ADDRESS <u>Gordonville, Missouri</u>		22c. DATE SIGNED <u>2/24/57</u>		
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE <u>2/26/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>		
24. FUNERAL DIRECTOR <u>Ford &amp; Sons</u>			ADDRESS <u>Cape Girardeau Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-57</u>		26. REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 5 1957

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 *William E. Jew*

Licensed Embalmer No. 47

P. O. Address *Cape Girardeau*

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.