

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13918**

FILED MAY 7 - 1957		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 2047		Registrar's No. 28	
BIRTH NO. 124							
1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Fredericktown		c. LENGTH OF STAY (In this place) 47 yrs		c. CITY OR TOWN Fredericktown		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 Marshall				STREET ADDRESS (If rural, give location) 506 Marshall 0621			
3. NAME OF DECEASED (Type or Print)		a. (First) HERBERT		b. (Middle) SPENCER		c. (Last) KINDER	
4. DATE OF DEATH		(Month) April		(Day) 28		(Year) 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 27, 1909	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (City and State or Foreign Country) Fredericktown, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas S. Kinder		13b. MOTHER'S MAIDEN NAME Rose E. Jobe		14. NAME OF HUSBAND OR WIFE Louise Kinder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-01-9630		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Kinder---Fredericktown, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Emboli ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) This man dropped over and died immediately, he was dead when DUE TO (c) I saw him. Dr Kuntze of St. Louis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> who had been attending him for years stated he had Heart condition and felt				INTERVAL BETWEEN ONSET AND DEATH Minutes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION positive this was the cause.				20. AUTOPSY? <input type="checkbox"/> 4201 YES <input type="checkbox"/> NO <input 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) (m.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS 1311 W Main Fredericktown		23c. DATE SIGNED 4/30/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-57		24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park		24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.	
DATE REC'D BY LOCAL REG 5-4-1957		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home--Fredericktown, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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