

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14090

FILED APR 29 1957

STATE FILE NUMBER

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Maryville</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <b>Maryville</b> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>St Francis Hospital</b> INSTITUTION		Length of stay in lb <b>2 wks</b>	d. STREET (If outside, give location) ADDRESS <b>515 S Fillmore</b>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>ANDREW C. (ANDY) Kimmet</b>			4. DATE OF DEATH Month <b>9</b> Day <b>9</b> Year <b>1957</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-8-1895</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Implement Business</b>		11. BIRTHPLACE (City and state or country) <b>Conception, Mo.</b>		
13. FATHER'S NAME <b>George Kimmet</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Blinzer</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-11-6691</b>		17. INFORMANT <b>Mrs. Mary M. (Minta) Kimmet</b>		
				Address <b>515 S Fillmore, Maryville, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertrophic Pulmonary Emphysema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 to 3 years</b> <b>unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Bronchitis + Bronchiectasis</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) <b>Chronic Myocarditis</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>5020</b>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ 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	STATE

21. I attended the deceased from **April 1, 1957** to **April 9, 1957** and last saw her alive on **4-9-57**  
Death occurred at **8:45 A. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>W. R. Jackson M.D.</b>	(Degree or title)	22b. ADDRESS <b>Maryville Mo</b>	22c. DATE SIGNED <b>4-19-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>4/11/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Maryville Mo</b>
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24. FUNERAL DIRECTOR <b>H. M. Stehman</b>	ADDRESS <b>Maryville, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>27 57</b>	26. REGISTRAR'S SIGNATURE <b>Gene Hill</b>
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(Licensed Emballer Statement on Reverse Side)

Health, & Welfare Public Health Service  
S. 300 v. 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 30 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.....  
*J. M. Atkinson*

Licensed Embalmer No. 32

P. O. Address Maryville

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.