S. No. 300
v. 10.48

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

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023362 State File No.

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6227 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (Gasconade
c. LENGTH OF STAY (In this place): 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (GASCONADE)
d. STREET ADDRESS (If rural, give location): 1140

3. NAME OF DECEASED (Type or Print)
a. (First): Rubert
b. (Middle): Lincoln
c. (Last): Kinser

4. DATE OF DEATH (Month) (Day) (Year): 6-3-57

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-21-1888
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days: 13 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Texas County Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN KINSER
13b. MOTHER'S MAIDEN NAME: Millie Chandler
14. NAME OF HUSBAND OR WIFE: Mary Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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) Hypostatic Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Osteoarthritis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7230
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1956 *to* 6-3, 1957, *that I last saw the deceased alive on* 6-3, 1957, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fire Worthey, M.D.
23b. ADDRESS: Hartville Mo.
23c. DATE SIGNED: 6-5-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Steele Mem
24d. LOCATION (City, town, or county) (State): Hartville, Mo.

DATE REC'D BY LOCAL REG.: 6-10-57
REGISTRAR'S SIGNATURE: Bonnie D. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: John L. Simpson
ADDRESS: Hartville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-10-57
WRIGHT CO. HEALTH DEPT.
County File Number 657-57
Date Filed 6-15-1957

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 .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3848

P. O. Address [illegible]

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 this body is not embalmed, fact should be so stated above.