

pt. Health,
c., & Welfare
l. S. Public
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V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44779

STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 622

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1606 E. 18TH ST.		Length of stay in lb ALWAYS	d. STREET ADDRESS 1606 E. 18TH ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROY Middle WILLIAM Last KINNEY			4. DATE OF DEATH Month DEC. Day 19, Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and state or country) JOPLIN, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM KINNEY		13b. MOTHER'S MAIDEN NAME EMMA -----		14. NAME OF HUSBAND OR WIFE RUBY KINNEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES NAVY - W.W. II		16. SOCIAL SECURITY NO. UNK	17. INFORMANT MRS. RUBY KINNEY, 1606 E. 18TH ST. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lobar pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary occlusion DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					INTERVAL BETWEEN ONSET AND DEATH 1 day
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 Death occurred at DID NOT ATTEND to ACTING AS CORONER OF JASPER and last saw him alive on _____ County, MO. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George Hickman, John Freeman D.S. (Degree or title)			22b. ADDRESS Court House, Joplin, Mo		22c. DATE SIGNED 12-23-57
23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL		23b. DATE 12-24-57	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL CEM.		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO ADDRESS			25. DATE RECD. BY LOCAL REG. 12-27-1957		26. REGISTRAR'S SIGNATURE Dove Merriam

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File Number 57-12-1095
Date Filed DEC 30 1952

JAN 10 1953

FEB 6 1958

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Japhin m

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.