

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006789

STATE FILE NUMBER

FILED MAR 6 - 1958

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Crocker, Missouri</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Way. Gen. Hosp.</b>		Length of stay in 1b <b>7 days.</b>	d. STREET ADDRESS (If outside, give location) <b>Rural Star Rt. #</b>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Thomas</b>	Middle <b>Albert</b>	Last <b>Kinsley.</b>	Month <b>Feb.</b>	Day <b>24th</b> Year <b>1958</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>May 4, 1883</b>	9. AGE (In years last birthday) <b>74</b>	10. FUNDER YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	11. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Miller County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James B. Kinsley</b>	13b. MOTHER'S MAIDEN NAME <b>Clarinda Morrow.</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie Harris.</b>
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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>None.</b>	17. INFORMANT <b>Mr. A.L. Kinsley</b>	Address <b>Crocker, Missouri</b>
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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>Heart Attack</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>	
	DUE TO (c) <b>Exposure to cold</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4330F</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----
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20c. TIME OF INJURY Hour <b>-----</b> Month, Day, Year <b>-----</b> a.m. <b>-----</b> p.m. <b>-----</b>	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 <b>Crocker</b>	COUNTY <b>Pulaski</b>	STATE <b>Mo</b>
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21. I attended the deceased from Death occurred at <b>7:30</b> to <b>A</b> m on the date stated above; and last saw her alive on <b>Feb. 23, 1958</b> and last saw him alive on <b>-----</b> from the cause stated.	22a. SIGNATURE <b>[Signature]</b> MD	22b. ADDRESS <b>Crocker, Missouri</b>	22c. DATE SIGNED <b>2-26-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 26/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemet.</b>	23d. LOCATION (City, town, or county) <b>Crocker, Missouri</b>	(State) <b>-----</b>
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24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b>	ADDRESS <b>Crocker, Mo</b>	DATE RECD. BY LOCAL REG. <b>2-26-58</b>	25. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 7 1058

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 *Clarence Pross* .....

Licensed Embalmer No. *4896* .....  
P. O. Address *Waynesville, N.C.* .....

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.