

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018998

STATE FILE NUMBER

7  
FILED JUN 12 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>BARRY</u> <sup>6/120</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Devering Hsp</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) <u>Niles</u> <sup>First</sup> <u>Gus</u> <sup>Middle</sup> <u>Kinne</u> <sup>Last</sup>			4. DATE OF DEATH Month <u>June</u> Day <u>8</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 10, 1873</u>		9. AGE (In years last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Dallas Texas</u>	
13. FATHER'S NAME <u>Henry Kinne</u>			14. MOTHER'S MAIDEN NAME <u>MARIA Howell</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Blair Kinne</u> Address <u>Barry Ill</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia right lower lobe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Severe fall striking right lung area</u>	<u>4 days</u>
	DUE TO (c) <u>arteriosclerotic heart disease</u>	<u>9 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO-DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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.)	
20c. TIME OF INJURY Hour <u>          </u> Month <u>          </u> Day <u>          </u> Year <u>          </u> a. m. <u>          </u> p. m. <u>          </u>		
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 COUNTY STATE

21. I attended the deceased from <u>1956</u> to <u>June/8/58</u> and last saw her alive on <u>June 8/58</u> Death occurred at <u>          </u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>7 Hull, Ill</u>	22c. DATE SIGNED <u>6/9/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>          </u>	23b. DATE <u>June 10, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Barry Ill</u>
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Barry Ill</u>		25. DATE RECD. BY LOCAL REG. <u>6-9-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**RECEIVED** JUN 11 1958  
**MARION CO. HEALTH DEPT**  
**DATE FILED** JUN 11 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, Thos. J. Lark, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Thos. J. Lark.....

Licensed Embalmer No. 697

P. O. Address Bany.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.