

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019356

STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 201 Primary Registration District No. 4480 Registrar's No. 2442

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1-57  
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1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u>		c. CITY OR TOWN <u>Doniphan</u> <u>0910</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>610 E. Locust</u>	
3. NAME OF DECEASED (Type or print) First <u>Enoch</u> Middle <u>Evert</u> Last <u>Kinnard</u>		4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 24, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	11. BIRTHPLACE (City and state or country) <u>Carter County, Mo.</u>
13a. FATHER'S NAME <u>James Kinnard</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McSpadden</u>	14. NAME OF HUSBAND OR WIFE <u>Nell Kinnard</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Nell Kinnard</u> Address <u>Doniphan, Missouri</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>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic gangrene</u>			<u>1 week</u>
DUE TO (c) <u>Secondary arteriosclerosis H201</u>			<u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2 previous myocardial infarcts one cerebral hemorrhage</u>			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 _____ 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 <u>July 1951</u> to <u>May 4, 1958</u> and last saw him alive on <u>May 4, 1958</u> Death occurred at <u>7:30</u> a.m. on the <u>4</u> day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank C Johnson M.D.</u> (Degree or title)		22b. ADDRESS <u>Doniphan, Mo</u>	
		22c. DATE SIGNED <u>5/8/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 6, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>	
24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u> ADDRESS <u>Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-13-58</u>	
		26. REGISTRAR'S SIGNATURE <u>E. H. Johnson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 19 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 *Gene A. Parent* .....

Licensed Embalmer No. *4809*.....

P. O. Address *Weymouth, MA*.....

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.