

pt. Health,
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026554
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 282 Primary Registration District No. 5982 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY POLK			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY POLK		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOONEY TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN NEAR PLEASANT HOPE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 M. N. Pleasant HOPE		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 1 1/2 m.n. Pleasant Hope		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CARY Middle ZEMRA Last KIMMONS			4. DATE OF DEATH Month JUNE Day 24 Year 1958		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 5, 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 10 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Ebenezer, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME R. A. Kimmons		13b. MOTHER'S MAIDEN NAME Caroline Chrisman		14. NAME OF HUSBAND OR WIFE Matilda Kimmons	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491427639	17. INFORMANT Mrs. Matilda Kimmons, Hope, Mo. Address R1, Pleasant		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) chronic myocarditis DUE TO (c) 4822					INTERVAL BETWEEN ONSET AND DEATH 2 wks
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 June 10 18, 7345 A. to Jan 22, 1918 and last saw him alive on Jan 22, 1918 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D C McLean M.D.		22b. ADDRESS Bolivar Mo		22c. DATE SIGNED 4/25/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 25, 58	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hope Cemetery Pleasant Hope, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Erwin Funeral Home, ADDRESS Bolivar,		25. DATE RECD. BY LOCAL REG. July 10, 1958	26. REGISTRAR'S SIGNATURE Ralph Gordon, per Jewell Gordon		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

(Licensed Embellisher's Statement on Reverse Side)

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 Marshall C. Black
Licensed Embalmer No. 4713
P. O. Address Bolivar, Mo

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.