

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035754
STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 59 Primary Registration District No. 5227 Registrar's No. 145

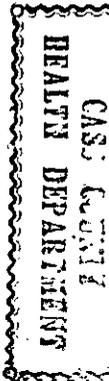
S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Cars</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cars</u>	
b. CITY OR TOWN <u>Rural Secular Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Harrisonville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mi N of Harrisonville</u> Length of stay in lb <u>17 yr.</u>		d. STREET ADDRESS <u>1/2 mi N of Harrisonville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>FRED H. KINNEY</u> First Middle Last		4. DATE OF DEATH <u>Oct 22 1958</u> Month Day Year	
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"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 17 1870</u>
9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harmon</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Cedar Co Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joel Kinney</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Kemp</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Kinney</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Mrs A. C. Cresswhite</u> Address <u>Harrisonville Mo</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>BRONCHOPNEUMONIA</u> DUE TO (b) <u>CHRONIC BRONCHIECTASIS</u> DUE TO (c) <u>526X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rt. Leg Amputated - Severe Burn 1952</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>1 Week - 5 1/2 RS -</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 <u>✓</u> Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Sept 1952</u> to <u>Oct. 22, 1958</u> and last saw her alive on <u>Oct. 21, 1958</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>D. J. Garret MD</u>	
22b. ADDRESS <u>Harrisonville Mo</u>		22c. DATE SIGNED <u>23 OCT. 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct 25</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Vincent Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
24. FUNERAL DIRECTOR <u>Thunnenburg's Harrisonville Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Oct 25 - 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Budie Anderson</u>		Deputy	

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.



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 Frank E. Remmenburg 3rd, Student Embalmer No. 568 working under my personal supervision.

Student Frank E. Remmenburg 3rd Signed James R. Phillips
Signature of Student Embalmer

Licensed Embalmer No. 4641

P. O. Address Harrisonville

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.