

Health,
Welfare
Public
Service

FILED MAR 30 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010025

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 5044 Registrar's No. 32

300
1-57

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Odessa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodloe Nurseing Home		Length of stay in lb 6 Mos.	d. STREET ADDRESS Wentzville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eva Middle Kinne Last Kinne			4. DATE OF DEATH Month March Day 24 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 16, 1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Lafayette Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME John A. Taylor		13b. MOTHER'S MAIDEN NAME Mary E. Nelson		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT Address Mrs. Chas. Kite, Odessa, Mo.		
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 myocardial infarction & edema and acute dilatation of heart.					INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic mitral stenosis, with chronic pulmonary edema.					10 yrs
DUE TO (c) Chronic Arteriosclerosis.					15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4210					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 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 Jan 2-59 to March 24, 1959 and last saw her alive on March 24, 1959 Death occurred at 12:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE Dr. John C. Beltram M.D. (Degree or title)			22b. ADDRESS 1110 1/2 MAIN - Lexington Mo.		22c. DATE SIGNED 3/25/59
23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL	23b. DATE 3-26-59	23c. NAME OF CEMETERY OR CREMATORY ODESSA Cemetery		23d. LOCATION (City, town, or county) (State) ODESSA MO.	
24. FUNERAL DIRECTOR AUSMAN-SPARKS		ADDRESS ODESSA, MO.	25. DATE RECD. BY LOCAL REG. 3-26-59	26. REGISTRAR'S SIGNATURE Wm. S. Eustace	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William T. Sparr*

Licensed Embalmer No. *4431*
P. O. Address *Odessa*

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.