

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026912

FILED VS JUL 3 0 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6763** STATE FILE NUMBER _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tenn. b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.	Length of stay in 1b 5 Months	c. CITY OR TOWN Memphis	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frisco Employees Hosp.	Inside Limits Yes ☒ No ☐	d. STREET ADDRESS 718 Lucy	Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Guy Middle Martin Last M^{rs} Kinney			4. DATE OF DEATH Month July Day 19 Year 1959		
5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7/20/89	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME W. H. M^{rs} Kinney		13b. MOTHER'S MAIDEN NAME Virginia Martin		14. NAME OF HUSBAND OR WIFE Emma M^{rs} Kinney	
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. 702-07910		17. INFORMANT Emma M^{rs} Kinney Address Memphis, Tenn.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of stomach		INTERVAL BETWEEN ONSET AND DEATH about 10 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) 151x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 Feb. 16, 1959 , to July 19, 1959 and last saw him alive on 7/18/59 Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Hugh C. Crowell (Degree or title) M.D.		22b. ADDRESS 4960 Loclede		22c. DATE SIGNED 7/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-22-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Memphis, Tenn. (State) _____	

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. JUL 20 1959	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1939 AUG 8

SEP 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Hain
Licensed Embalmer No. 4108

P. O. Address St Louis

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.