

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035932**

FILED VS NOV 16 1959

Registration District No. 128 Primary Registration District No. \_\_\_\_\_ Registrar's No. 1172A STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield Clay Jwp.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Springfield Clay Jwp</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>Residence</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R #9</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Albert Kinser</u>				4. DATE OF DEATH (Date of month day) <u>Probably</u> <u>Found</u> <u>Nov. 4 1959</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 28 1879</u>		
9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Greene Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jeff Kinser</u>			13b. MOTHER'S MAIDEN NAME <u>Caldonia Brewer</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased.</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>491-42-8734</u>		17. INFORMANT <u>Mrs. Charles Dunn</u> Address <u>2940 W. Washita Springfield, 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>Likely Coronary Thrombosis</u> DUE TO (b) <u>Likely Coronary Sclerosis</u> DUE TO (c) <u>UNATTENDED BY A PHYSICIAN</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw him alive on _____ Death occurred at <u>(UNKNOWN) Date Probably Oct 30 1959</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>James R. Ames M.D.</u>				22b. ADDRESS <u>Greene Co Health Officer Springfield, Mo</u>			22c. DATE SIGNED <u>11-11-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 9, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>		
24. FUNERAL DIRECTOR <u>H.C. Ferrell, Rogersville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 10 1960

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 Alan S. Ferrell

Licensed Embalmer No. 4847

P. O. Address Menafield, N.C.

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.