

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

**59-036851**

**FILED VS OCT 19 1959**

Registration District No. 195 Primary Registration District No. \_\_\_\_\_ Registrar's No. 82-59 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lanagan</u>		Length of stay in 1b <u>1 yr.</u>		c. CITY OR TOWN <u>Anderson</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>Lanagan Rest Home</u>				d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ambrose</u> Middle <u>M.</u> Last <u>Kinslow</u>			4. DATE OF DEATH Month <u>10</u> Day <u>2</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-5-1912</u>	9. AGE (last birthday) <del>1947</del> <u>87</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Caddo Co. Okla.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>C. P. Kinslow</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Friend</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Kinslow</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, in war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mert Kinslow Joplin 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>Hydrostatic Pneumonia</u> DUE TO (b) <u>Passive Congestion</u> DUE TO (c) <u>Myocardial Deкомпensation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>						INTERVAL BETWEEN ONSET AND DEATH	
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>10-2-59</u> and last saw him alive on <u>10-2-59</u> Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. J. Hill</u> (Doctor or title) <u>D.O.</u>				22b. ADDRESS <u>Parisville, Mo.</u>		22c. DATE SIGNED <u>10-6-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-5-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Price Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Goodman Rt. Mo.</u>		
24. FUNERAL DIRECTOR <u>Humphreys &amp; Son Anderson, Mo.</u>			ADDRESS <u>Oct. 6, 1959</u>		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 F. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.