

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037181

FILED VS NOV 10 1959

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 127

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Johnson Township		Length of stay in 1b 54 yrs.	c. CITY OR TOWN Humansville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 m.S.W. Humansville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 1/2 m.S.W. Humansville
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Travis Middle Jefferson Last Kimes			4. DATE OF DEATH Month 10 Day 30 Year 59			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/7/88	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auctioneer & Farmer		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Fayetteville, Tenn.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Marcus L. Kimes		13b. MOTHER'S MAIDEN NAME Sarah H. Harding		14. NAME OF HUSBAND OR WIFE Celia Kimes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Celia Kimes Humansville, 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) Chronic myocarditis -		INTERVAL BETWEEN ONSET AND DEATH !
DUE TO (b)		
DUE TO (c)		

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	
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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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Humansville, Missouri
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21. I attended the deceased from 10/27/59 to 10/30/59 and last saw him alive on 10/27/59
Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Robinson (Degree or title)	22b. ADDRESS M. D. Humansville, Mo.	22c. DATE SIGNED 10/31/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/1/59	23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	23d. LOCATION (City, town, or county) Humansville, Missouri
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24. FUNERAL DIRECTOR Beckwith Funeral Home Humansville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov. 6, 1959	26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Cook
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 13 1959

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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 D. H. Beckwith

Licensed Embalmer No. 3937
P. O. Address Humansville

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.