

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033989

STATE FILE NUMBER

XC-548743 REG. NO. 42784

Registration District No. 42784 Primary Registration District No. 3007 Registrar's No. 532

FILED VS OCT 3 1960

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 1 DAY	c. CITY OR TOWN ADVANCE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE TWO Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLIE Middle HENRY Last KIMBROUGH			4. DATE OF DEATH Month SEPTEMBER Day 16 Year 1960		
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 1/26/96	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) PARAGOULD, ARKANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES O. KIMBROUGH		13b. MOTHER'S MAIDEN NAME MARY E. LATHAM		14. NAME OF HUSBAND OR WIFE OKIE KIMBROUGH-WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT OKIE KIMBROUGH, WIFE, RTE 2, ADVANCE, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 to 3 Days
IMMEDIATE CAUSE (a) GASTRIC HEMORRHAGE.		Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARCINOMA OF STOMACH.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. PULMONARY EMPHYSEMA; 2. DIABETES MELLITUS.	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 checked="" type="checkbox"/> NO <input 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 1:55 a.m. p.m.	Month, Day, Year Sept. 15, 1960		
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 VA	COUNTY STATE

21. I attended the deceased from **Sept. 15, 1960** to **Sept. 16, 1960** and last saw her/him alive on _____
Death occurred at **1:55PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. LESTER HARWELL, M.D., Actg. Pathologist VA Hospital, Poplar Bluff, Mo.	22b. ADDRESS	22c. DATE SIGNED 9/16/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/18/60	23c. NAME OF CEMETERY OR CREMATORY Balch Cemetery	23d. LOCATION (City, town, or county) (State) near Zalma, Mo.
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24. FUNERAL DIRECTOR Wm. H. Morgan, Advance, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9/24/60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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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

W^m H. Morgan

Licensed Embalmer No. ~~1910~~

P.O. Address Advance, Mo.

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.