

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037942

FILED IN NOV 8 1960

114 Primary Registration District No. 4186 Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		Length of stay in lb AT ONCE	c. CITY OR TOWN ST. LOUIS 25 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION HI-WAY 66		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9725 S BROADWAY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) LINVEL JEFFERSON KINDER			4. DATE OF DEATH Month OCT Day 22 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 JULY 5, 1911	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEMICAL OPR.		10b. KIND OF BUSINESS OR INDUSTRY CHEMICAL		11. BIRTHPLACE (City and state or country) POCAHONTAS, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME SAMUEL KINDER		13b. MOTHER'S MAIDEN NAME BETTI TRAUTMAN		14. NAME OF HUSBAND OR WIFE RUBY OGLE		
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.		17. INFORMANT RUBY KINDER ST. LOUIS 25, MO. Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	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) Ural Hepatitis - 2 months		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 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 **10/22/60** to **10/22/60** and last saw ^{her} him alive on **10/22/60**
Death occurred at **5:45** **A**.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ronald Keath D.O. (Degree or title)		22b. ADDRESS Sullivan Mo		22c. DATE SIGNED 10/22/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-25-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	23d. LOCATION (City, town, or county) Lemay, Mo.	

24. FUNERAL DIRECTOR THE SOUTHERN FUNERAL HOME		ADDRESS ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG. 10-25-60	26. REGISTRAR'S SIGNATURE Harrison Jr. Eaton	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1961

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 _____ myself _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address St. Louis Mo

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.