

# VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-045090**  
STATE FILE NUMBER

FILED VS JAN 6 1961  
 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Length of stay in 1b <b>1 week</b>	c. CITY OR TOWN <b>Butler FFD</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bates Co Memorial Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Mt Pleasant-</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>GLADYS</b> Middle <b>MARIE</b> Last <b>KINION</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>29</b> Year <b>60</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/4/04</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>cafe</b>	11. BIRTHPLACE (City and state or country) <b>Bates Co Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Frank Simons</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Lefler</b>	14. NAME OF HUSBAND OR WIFE <b>Chas Kinion</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499 16 8423</b>	17. INFORMANT Address <b>Edith Beebe-Butler Mo</b>
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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 <b>3 weeks</b> <b>2 years</b> <b>3 years</b>
IMMEDIATE CAUSE (a) <b>Generalized cardiac failure</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>left ventricular failure</b>	
	DUE TO (c) <b>aortic valvular disease</b>	<b>3 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arteriosclerosis and nephritis</b>		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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____
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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
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21. I attended the deceased from <b>Sept. 1938</b> to <b>Dec. 29 '60</b> and last saw her <b>alive on Dec. 29-60</b> Death occurred at <b>9:15 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>L. S. Laffey, M.D.</b>	22b. ADDRESS <b>Butler Missouri</b>	22c. DATE SIGNED <b>Dec. 30 '60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/31/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill</b>	23d. LOCATION (City, town, or county) <b>Butler Mo</b>	(State)
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24. FUNERAL DIRECTOR <b>Culver Underwood-Butler Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Dec. 31-1961</b>	26. REGISTRAR'S SIGNATURE <b>Kendall Rummy</b>
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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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John G. Underwood

Licensed Embalmer No. 358

P. O. Address Butler

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