

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048560

REGISTRATION DISTRICT NO. 369 PRIMARY REGISTRATION DISTRICT NO. 453P REGISTRAR'S NO. 21

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>KINNARD</u> Last <u>KINNARD</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>19</u> Year <u>1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 22, 1892</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>REYNOLDS CO. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EMERSON MANN</u>		13b. MOTHER'S MAIDEN NAME <u>ROXANA MANN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN KINNARD</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>TANEY L. BAUM</u> <u>PIEDMONT, Mo.</u>			

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
IMMEDIATE CAUSE (a) <u>Carcinoma - Lower peritoneum</u>		
DUE TO (b) <u>Metastases</u>		
DUE TO (c) <u>Metastatic process</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Smile and lack of care</u>		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	COUNTY STATE

21. I attended the deceased from 11-4-60 to 12-19-60 and last saw her her alive on 12-19-60  
Death occurred at 5:45 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Lerton V. Dawson, M.D.</u> (Degree or title)	22b. ADDRESS <u>Piedmont, Mo.</u>	22c. DATE SIGNED <u>12-21-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC 21, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MILE CEM</u>	23d. LOCATION (City, town, or county) <u>PIEDMONT</u> (State) <u>Mo</u>
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24. FUNERAL DIRECTOR <u>GISH</u>	ADDRESS <u>PIEDMONT, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-26-60</u>	26. REGISTRAR'S SIGNATURE <u>Sheila Loulae</u>
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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 me Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Marvin E. Bowler

Licensed Embalmer No. 442

P. O. Address Piedmont

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.