MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-006638

STATE FILE NUMBER

AMENDED

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 1033

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 8 Days

c. CITY OR TOWN ~~St. Louis~~ — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) De Paul Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1233 Redman — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SCOTT Middle JOSEPH Last KINSER

4. DATE OF DEATH Month Feb. Day 1, Year 1961

5. SEX M.

6. COLOR OR RACE W.

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 24 Jan '61

9. AGE (last birthday) --

IF UNDER 1 YEAR Months Days 8 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) St. Louis

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Russell Kinser

13b. MOTHER'S MAIDEN NAME Dora Kirgan

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Russell Kinser 1233 Redman, St. Louis

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)	Generalized Peritonitis	24 hrs
DUE TO (b)	Mucous Colitis	24 hrs
DUE TO (c)	Hirschsprung's Disease	7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 756.2

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Jan. 24, 1961, to Feb. 1, 1961 and last saw him alive on Feb 1 1961

Death occurred at 4: P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) N. J. Houck M.D.

22b. ADDRESS 8902 Riverview Blvd.

22c. DATE SIGNED 2/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal auto

23b. DATE 2 Feb 1961

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemete ry

23d. LOCATION (City, town, or county) (State) Greenfield, Illinois

24. FUNERAL DIRECTOR ADDRESS J. Russell Shields Greenfield, Ill.

25. DATE RECD. BY LOCAL REG. 2-2-1961

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

N. J. Honich, MD

8902 Riverview Blvd.

EV. 1 2989

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 J Allen Davis Jr.

Licensed Embalmer No. 4653

P. O. Address St L.

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.