

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007702

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042

Primary Registration District No. 200

Registrar's No. 273

STATE FILE NUMBER

AMENDED

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph <sup>Washington</sup> <sub>TOWNSHIP</sub>		Length of stay in 1b	c. CITY OR TOWN ST. JOSEPH
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. # 4 <sup>Highway 164 = 1 1/2 Mi. South of</sup> <sub>City Limits</sub>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. # 4

3. NAME OF DECEASED (Type or print) First Middle Last BUFORD ALLEN KINMAN			4. DATE OF DEATH Month Day Year March 12, 1961			
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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 6-16-38	9. AGE (last birthday) 22	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) repairman	10b. KIND OF BUSINESS OR INDUSTRY tire service	11. BIRTHPLACE (City and state or country) Andrew County, Mo.	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Buford A. Kinman, Sr.	13b. MOTHER'S MAIDEN NAME Margrete Campbell	14. NAME OF HUSBAND OR WIFE Nora May Kinman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes discharged 3-14-56	17. INFORMANT Nora May Kinman, St. Joseph, Mo.
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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 Minutes
IMMEDIATE CAUSE (a)	Asphyxiation	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	DUE TO (b) Due to being pinned beneath car that fell off Jack onto his head, pushing mouth and nose into the mud.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None	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 checked="" 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 Minute 10:15 <del>PM</del> a.m.	Month, Day, Year March 12, 1961
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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.) About home	20f. CITY, TOWN, OR LOCATION St. Joseph, Buchanan Missouri
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21. I attended the deceased from <u>1-16-60</u> to <u>3-12-61</u> and last saw him <sup>xxx</sup> alive on <u>6-18-60</u> Death occurred at <u>10:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Samuel C. Boy</i> Deputized by S. E. Meluney, M. D.	22b. ADDRESS Savannah, Missouri	22c. DATE SIGNED 3-14-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-12-61	23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	23d. LOCATION (City, town, or county) (State) Savannah, Missouri
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24. FUNERAL DIRECTOR BREIT & HAWKINS	ADDRESS SAVANNAH	25. DATE RECD. BY LOCAL REG. Mar 16, 1961	26. REGISTRAR'S SIGNATURE <i>Mr. Clark Standell</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

F.C. Long, M.D. MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAR 29 1961

APR 20 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed James P. Hawkins

Licensed Embalmer No. 4586

P. O. Address Savannah

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.