

# OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016325

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 147 STATE FILE NUMBER

AMENDED

INSTEAD OF

DOCUMENT

<b>FILED JUN 5 1961</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Adair</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkville</b>		a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkville</b>		Length of stay in 1b <b>36 days</b>		b. COUNTY <b>Adair</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Grim-Smith Hosp. &amp; Clinic</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Green Castle</b>	
				d. STREET ADDRESS <b>NO STREET ADDRESS</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. YEAR	
First <b>Roscoe</b> Middle <b>Benton</b> Last <b>Kimberly</b>		Month <b>5</b> Day <b>24</b>		Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-29-89</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and state or country) <b>Adair County, Mo.</b>	
10c. CITIZEN OF WHAT COUNTRY <b>United States</b>		13a. FATHER'S NAME <b>John W. Kimberly</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Anderson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		17. INFORMANT <b>Hospital Records</b>		Address <b>Kirkville, Missouri</b>	
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) <b>Pulmonary emboli, multiple</b>					<b>48 hrs.</b>
DUE TO (b) <b>Prolonged bed rest + cachexia</b>					<b>2 WKS</b>
DUE TO (c) <b>Carcinoma of the prostate with metastases</b>					<b>UNKNOWN</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Cardiovascular disease ± fibrillation</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)			
20c. TIME OF INJURY Hour _____ 10. 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 <b>4-19-61</b> to <b>5-24-61</b> and last saw him alive on <b>5-24-61</b> Death occurred at <b>4:10</b> A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Edward M. Grim M. D.</b>			22b. ADDRESS <b>Kirkville, Missouri</b>		22c. DATE SIGNED <b>5-24-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 26, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREEN CASTLE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>GREEN CASTLE, MO</b>	
24. FUNERAL DIRECTOR <b>Glen E. Kent &amp; Son, Green City, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>June 1, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Jesse W. Rattiff</b>	

BY AFFIDAVIT OF

EDWARD M. GRIM, M.D.

JUN 6 1967

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

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.