

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-018005

STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 108

FILED MAY 26 1961

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Carthage</u>		c. CITY OR TOWN: <u>Carthage</u>	
Length of stay in 1b: <u>14 yrs</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>1039 Clinton St.</u>		d. STREET ADDRESS (If outside, give location): <u>1039 Clinton St</u>	
3. NAME OF DECEASED (Type or print) First: <u>JAMES</u> Middle: <u>MORRIS</u> Last: <u>KIMBELL</u>		4. DATE OF DEATH Month: <u>May</u> Day: <u>16</u> Year: <u>1961</u>	
5. SEX: <u>male</u>	6. COLOR OR RACE: <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>5-8-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>retired engineer Shell</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Pipe Line Co</u>	11. BIRTHPLACE (City and state or country): <u>Matador, Texas</u>
12. CITIZEN OF WHAT COUNTRY: <u>USA</u>		13a. FATHER'S NAME: <u>William B. Kimbell</u>	
13b. MOTHER'S MAIDEN NAME: <u>Maggie Bankston</u>		14. NAME OF HUSBAND OR WIFE: <u>Clara Jarrett Kimbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>yes World War I</u>		16. SOCIAL SECURITY NO.:	
17. INFORMANT: <u>Mrs Clara Kimbell</u>		Address: <u>Carthage Mo 1039 Clinton</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u> DUE TO (b) <u>Coronary artery atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH: <u>10 min.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Old (1958) myocardial infarction</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
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 _____			
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 <u>3-19-58</u> to <u>5-16-61</u> and last saw him alive on <u>11-25-60</u> Death occurred at <u>4:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title): <u>Richard R. Coble, M.D.</u>		22b. ADDRESS: <u>116 W. 3rd Carthage, Mo</u>	22c. DATE SIGNED: <u>5-17-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>burial</u>	23b. DATE: <u>5-18-61</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Park Cemetery</u>	23d. LOCATION (City, town, or county) (State): <u>Carthage, Missouri</u>
24. FUNERAL DIRECTOR: <u>KNELL MORTUARY</u> ADDRESS: <u>Carthage, Mo</u>		25. DATE RECD. BY LOCAL REG.: <u>5-18-61</u>	26. REGISTRAR'S SIGNATURE: <u>[Signature]</u>

MAY 29 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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.