

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024146

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000

723

STATE FILE NUMBER

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**FILED JUL 24 1961**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in lb <b>Lifetime</b>	c. CITY OR TOWN <b>St. Joseph, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Interstate Hiway #29 1 mile So. of U.S. #36</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>708 City View</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CAROL</b> Middle <b>GENE</b> Last <b>KINMAN</b>			4. DATE OF DEATH Month <b>July</b> Day <b>16</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>Aug. 15, 1952</b>
9. AGE (last birthday) <b>28</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Transport Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hulse Trucking Co. Andrew Co., Missouri</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Buford Kinman</b>	
13b. MOTHER'S MAIDEN NAME <b>Marguerite Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>Patricia Kinman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW #2</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mother Mrs. Marguerite Kinman Morris</b>		Address <b>202 North Belt</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traumatic Shock</b>			INTERVAL BETWEEN ONSET AND DEATH <b>at once</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>One car accident</b>			<b>at once</b>
DUE TO (c) <b>Striking guardrail over pass</b>			<b>at once</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Car struck guardrail &amp; sailed 50 feet, burned.</b>			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 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.) <b>Perforic impact on landing</b>	
20c. TIME OF INJURY Hour <b>3:30</b> a.m. _____ Month, Day, Year <b>July 16-61</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Interstate 29</b>		20e. CITY, TOWN, OR LOCATION <b>St Joseph Buchanan MO</b>
21. I attended the deceased from <b>viewed body</b> and last saw him <b>live</b> on <b>July 16-61</b>		Death occurred at <b>3:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>S.E. Melaney M.D. Coronor</b>		22b. ADDRESS <b>214 Northpatrick St. St Joseph, Mo</b>	
22c. DATE SIGNED <b>July 18 1961</b>		22d. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>July 18, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>	23d. LOCATION (City, town, or county) <b>Savannah, Missouri</b>
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc. St. Joseph, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>July 19, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION **S.E. Melaney M.D.**

AUG 3 1961

JUL 27 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 *Eric J. Cherry*

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.