

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019303

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. 156 Primary Registration District No. 2001 Registrar's No. 283  
 FILED JUN 4 1962

VS 300  
 Rev. 4/59  
 10490  
 28150  
 3  
 4 0  
 5 2  
 6  
 7 1  
 8 2  
 9 4201  
 10  
 11  
 123-0  
 13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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>KANSAS</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in lb <u>15 hours</u>	c. CITY OR TOWN <u>Galena</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>St. John's Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1103 Baker St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>ALMA Josephus Kinyon</u>		4. DATE OF DEATH Month Day Year <u>MAY 27 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-23-1868</u>
9. AGE (last birthday) <u>93</u>		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) <u>Miner, labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pb &amp; Zn mines</u>	11. BIRTHPLACE (City and state or country) <u>Belleville, Ill.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH HAUTZ</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Thomason Kinyon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Earl Kinyon</u>		Address <u>Kirkland, Wash.</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>Cardiac Arrest Acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Myocardial Ischemia</u>			<u>Chronic</u>
DUE TO (c) <u>Auricular Fibrillation</u>			<u>1958-</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Disease General</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 a.m. p.m. 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>10/27/58</u> to <u>5/27/62</u> and last saw him alive on <u>5/27/62</u> Death occurred at <u>4:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul H. Grubb M.D.</u> (Degree or title)		22b. ADDRESS <u>Joplin, mo</u>	22c. DATE SIGNED <u>5/28/62</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-29-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Galena Kansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Roy L. Derfelt Galena, Kan.</u>		25. DATE RECD. BY LOCAL REG. <u>5-29-1962</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriman</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Roy L Desfelt

Licensed Embalmer No. 4945

P. O. Address Salena Kansas

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.