

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039921

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 439

FILED OCT 24 1962

DR STAN FIFE

VS 300
Rev. 4/59
1 0940
2 0940
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4 1
5 2
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7 0
8 2
9 422.1
10
11
12 90-2
13 1-0

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST. FRANCIS		a. STATE MO b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knob Lick Length of stay in 1b		c. CITY OR TOWN Knob Lick, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Ida Lora Kinney			4. DATE OF DEATH Month Day Year Oct. 15, 1962
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV 6, 1872 9. AGE (last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE-WIFE	11. BIRTHPLACE (City and state or country) Knob Lick, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRANK MONROE		13b. MOTHER'S MAIDEN NAME ARTIE MEE WILLIAMS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE 17. INFORMANT Address MRS. Edith JENSEY Knob Lick, Mo.	
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) Hypostatic Pneumonia			24 hr
DUE TO (b) Coronary Thrombosis			Postm
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 7:59 to Oct 15, 1962 and last saw her alive on Oct 14, 1962 . Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title)		22b. ADDRESS	22c. DATE SIGNED
<i>[Signature]</i>		<i>[Address]</i>	10/17/62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10/18/62	23c. NAME OF CEMETERY OR CREMATORY Knob Lick Cemetery Knob Lick Mo.	23d. LOCATION (City, town, or county)
24. FUNERAL DIRECTOR R. KALDWELL + SON'S Flat River, Mo		25. DATE RECD. BY LOCAL REG. Oct 17, 1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.