

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043608
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 209

VS 300 Rev. 4/59

DATE AMENDED

0780
20780

3
4 2
5 3
6
7 1
8 0
9 X
10
11 078
12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 26 1962

1. PLACE OF DEATH
a. COUNTY **Pemiscot**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Pemiscot**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Hayti Township** Length of stay in 1b **1 Min.**

c. CITY OR TOWN **Wardell** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Rt. 1** Reside on Farm Yes No

3. NAME OF DECEASED First **Lee** Middle **Kimmins** Last **Kimmins** 4. DATE OF DEATH Month **Nov.** Day **12** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-6-1913** 9. AGE (last birthday) **48** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Farming** 11. BIRTHPLACE (City and state or country) **Lyon, Mississippi** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Elisha Kimmins** 13b. MOTHER'S MAIDEN NAME **Annie Lewis** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) **XX XX** 16. SOCIAL SECURITY NO. **XX** 17. INFORMANT **2323 Hickory St. Louis, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Compression injury of chest wall**
DUE TO (b) **Auto Accident**
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION **Hayti, Missouri** COUNTY _____ STATE _____

21. I attended the deceased from **11-12-62** to **11-12-62** and last saw him alive on **11-12-62**
Death occurred at **9:00** P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Frank Aldred M. D.** 22b. ADDRESS **Hayti, Missouri** 22c. DATE SIGNED **11-13-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **11-16-62** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park** 23d. LOCATION (City, town, or county) **St. Louis, Missouri** (State)

24. FUNERAL DIRECTOR **Osburn Funeral Home, Hayti, Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **11-16-62** 26. REGISTRAR'S SIGNATURE **Charlotte E. Sloan**

USE BLACK INK OR TYPEWRITER RIBBON

NOV 28 1962

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 James G. Pabum

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.