

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 73 STATE FILE NUMBER 0010570DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/591041520425345678910111213USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

APR 11 1965

1. PLACE OF DEATH  
a. COUNTY Henryb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Clintonc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Netzel Osteopathic Hosp.3. NAME OF DECEASED  
(Type or print)First IvorMiddle O.Last Kinyon

4. SEX

Male6. COLOR OR RACE  
White7. Married  Never Married  Widowed  Divorced 8. DATE OF BIRTH  
9/22/19069. AGE (last birthday)  
5810. IF UNDER 1 YEAR  
Months 6 Days 2IF UNDER 24 HR  
Hours 2 Min. 010a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Works Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Henry Co., Mo.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Lee Kinyon

13b. MOTHER'S MAIDEN NAME

Alta Fewel

14. NAME OF HUSBAND OR WIFE

Eva Foster Kinyon15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, No, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
490 05 9093

17. INFORMANT

Mrs. Eva Kinyon, Clinton, 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)

Cerebral Vascular AccidentINTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause first.

DUE TO (b)

Hypertension

DUE TO (c)

metastatic malignant melanomaPART 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  Unknown19. 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

COUNTY

STATE

21. I attended the deceased from  
Death occurred at11-4-1965 to 3-26-1965 and last saw her alive on 3-26-1965  
1:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORI

23d. LOCATION (City, town, or county)

(State)

BurialMar. 29, 1965Englewood CemeteryClinton, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Vansant Funeral Home, Clinton, Mo.3-29-65Mildred Bigum

0180100

Vitus

MAY 21 1965

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

H. J. Vansant

Licensed Embalmer No. 37-29

P. O. Address Blystone, 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.

Permit Obtained 3-29-65 (cont)