

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 73 STATE FILE NUMBER 0010570

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>17 Days</u>	c. CITY OR TOWN <u>Clinton</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Metzel Osteopathic Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>111 W. Green St.</u>
3. NAME OF DECEASED (Type or print) First <u>Ivor</u> Middle <u>O.</u> Last <u>Kinyon</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1965</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/22/1906</u>
9. AGE (last birthday) <u>58</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Works Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Henry Co., Mo.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Lee Kinyon</u>	
13b. MOTHER'S MAIDEN NAME <u>Alta Fewel</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Foster 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>490 05 9093</u>	17. INFORMANT <u>Mrs. Eva Kinyon, Clinton, Mo.</u>
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) <u>Cerebral Vascular Accident</u>			
DUE TO (b) <u>hypertension</u>			
DUE TO (c) <u>metastatic malignant melanoma</u>			
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>11-4</u> Month, Day, Year <u>1964</u>	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 <u>Clinton, Mo.</u>
21. I attended the deceased from <u>11-4-1964</u> to <u>3-26-1965</u> and last saw her/him alive on <u>3-26-1965</u>	21. Death occurred at <u>1:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>R. J. Powell Do</u> (Degree or title)		22b. ADDRESS <u>Clinton Mo</u>	22c. DATE SIGNED <u>3/30/65</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 29, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	23d. LOCATION (City, town, or county) <u>Clinton, Mo.</u>
24. FUNERAL DIRECTOR <u>Vansant Funeral Home, Clinton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-29-65</u>	26. REGISTRAR'S SIGNATURE <u>Medred Bigum</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 04/25
 2 04/25
 3 2
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 5 1
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 7 0
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 11
 12 7-2
 13 1-0
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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MAY 21 1965

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Permit Obtained

3-29-65

(MS)

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.A. Tansant

Licensed Embalmer No. 2779

P. O. Address Clinton, 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.