

FILED SEP 23 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH

STATE FILE NUMBER

124 68 0036574

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 217

DO NOT WRITE ON THIS STUB

VS 300 Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST 1. Fred William Kimball			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. September 19, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) MO. DAYS 5a. 77	UNDER 1 YEAR UNDER 1 DAY 6a. 77	DATE OF BIRTH (MONTH, DAY, YEAR) 7a. September 7, 1891		COUNTY OF DEATH 7b. Henry
CITY, TOWN, OR LOCATION OF DEATH 7c. Clinton, Missouri			INSIDE CITY LIMITS SPECIFY YES OR NO 7d. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7e. 607 S. Main		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Iowa		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Jessie Wilson
SOCIAL SECURITY NUMBER 12. 490-05-8083A			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Hatchery		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 607 S. Main
FATHER—NAME FIRST MIDDLE LAST 15. William M. Kimball			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Ella Frances Garner			
INFORMANT—NAME 17a. Mrs. Jessie Kimball			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 607 S. Main Clinton, Missouri 64735			

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18 IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST	(a) Acute Myocardial Insufficiency	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Seconds
	(b) Acute Coronary Artery Occlusion	Seconds
	(c) Coronary artery heart disease	Years

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)

Pulmonary Emphysema		AUTOPSY (YES OR NO) 19a. No	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (IF NOT, STATE REASON) 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 1 20 68	MONTH DAY YEAR	MONTH DAY YEAR 21b. 9 19 68	AND LAST SAW HIM/HER ALIVE ON 21c. 9 19 68	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 1:30 P.M.
---	----------------	---------------------------------------	--	---	--

CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b.	THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR 22c.
CERTIFIER'S NAME (TYPE OR PRINT) 23a. Clinton L. Glaspy	SIGNATURE 23b. <i>Clinton L. Glaspy</i>	DEGREE AND TITLE 23c. MD	DATE SIGNED (MONTH, DAY, YEAR) 23d. 9/20/68
MAILING ADDRESS—CERTIFIER 23e. 105 E. Ohio		CITY OR TOWN 23f. Clinton	STATE 23g. Mo

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Englewood	LOCATION 24c. Clinton, Missouri
--	---	---

BURIAL

DATE (MONTH, DAY, YEAR) 24d. Sept. 23, 1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Vansant Funeral Home 314 W. Jefferson Clinton, Mo. 64735
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Leita C. Haynes</i>	REGISTRAR—SIGNATURE 25b. <i>Mildred Bigum</i>
DATE RECEIVED BY LOCAL REGISTRAR 25c. 9-20-68	

9. 0
10a. 77
10b. 5. 90
11. 1
12. 1
13. 4109
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

40425

5. 90

6. 0425

Type or print in PERMANENT BLACK INK. See handbook for instructions.

SEP 27 1968

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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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 9-20-68 W13