S. No. 300
v. 10.48

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36041

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL STE. GENEVIEVE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE MISSISSIPPI RIVER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: NORTH CAROLINA
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PRENTISS 8 32
d. STREET ADDRESS (If rural, give location): RURAL ROUTE 8

3. NAME OF DECEASED (Type or Print)
a. (First): DON
b. (Middle): L.
c. (Last): KIMSEY

4. DATE OF DEATH (Month, Day, Year): Sept. 26 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 1 1928
9. AGE (In years last birthday): 23 — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DECK HAND
10b. KIND OF BUSINESS OR INDUSTRY: FED. BARGE LINE
11. BIRTHPLACE (State or foreign country): MACON CO. N.C.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE KIMSEY
13b. MOTHER'S MAIDEN NAME: HESTER SANDERS
14. NAME OF HUSBAND OR WIFE: OLGA KIMSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: H. L. Houk — **ADDRESS**: Franklin N.C.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACCIDENTAL DROWNING IN THE MISSISSIPPI RIVER

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

E9294

Autopsy by Coroner

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): MISSISSIPPI RIVER
21c. (CITY, TOWN, OR TOWNSHIP): STE. GENEVIEVE — **(COUNTY)**: Co — **(STATE)**: Mo
21d. TIME OF INJURY (Month, Day, Year): Sept 26 1951
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: FALLING OVER BOARD

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo C. Bauer — (Degree or title): Coroner
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 10/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Oct 18 1951
24c. NAME OF CEMETERY OR CREMATORY: UNKNOWN
24d. LOCATION (City, town, or county): PRENTISS — (State): N.C.

DATE REC'D BY LOCAL REG.: Oct. 17-1951
REGISTRAR'S SIGNATURE: Teresa M. Kasl-Dep
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Bauer — **ADDRESS**: Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
OCT 20 1951
DISTRICT HEALTH OFFICE No. 4
File No. ——
NOV 20 1951
OCT 26 1951

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. This body was partly embalmed by Leo C Becker # 1985 and finished by Hoffe [illegible]

Student ..... Student Embalmer

Signed [illegible]

Licensed Embalmer No. .....

P. O. Address Ste. Genevieve 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 this body is not embalmed, fact should be so stated above.

State of MISSOURI } ss.
County of STE GENEVIEVE }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 36041-51
Local Registrar's No. 319-60749

On this 28th day of January, 1952 before me appears Leo C. Basler, who, upon his oath, states that the original record of ~~birth~~ death for Don M. Kemsey, ~~born~~ died Sept 5, 1951, in the State of Missouri, and which was filed at Jefferson City on Oct, 1951, should be corrected as follows:

Item No. 4 should read x Sept. 26, 1951
Instead of Sept. 5, 1951.

Item No. 21d should read x Sept 26, 1951
Instead of Sept. 5, 1951.

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Leo C Basler
~~Relationship~~ Coroner.
602 Jefferson
STE. Genevieve, Mo
Present Address.

Subscribed and sworn to before me this 28 day of January, 1952

My Commission expires October 1st. 1955 Joseph N. Rehm Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
0M—8-43
I X37817