

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7630

State File No.

10-48

Kinden
DIED APR. 15 1952 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 114

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

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>N. Mad.</i>	
b. CITY OR TOWN <i>Cape Girardeau</i>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Southeast Mo Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Portageville</i> 0721	
		d. STREET ADDRESS (If rural, give location) <i>208 W. 7th</i> 1	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Babbie</i> b. (Middle) <i>Joe</i> c. (Last) <i>Carnell</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 6, 1952</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Apr. 15, 1949</i>
9. AGE (In years, last birthday) <i>2</i>	<i>11</i> Months	<i>22</i> Days	<i>0</i> Hours <i>0</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Portageville, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>
13a. FATHER'S NAME <i>Clarence Carnell</i>	13b. MOTHER'S MAIDEN NAME <i>Ruby Helen Carnell</i>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Clarence Carnell</i>	
		ADDRESS <i>Portageville, Mo</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia, BRONCHITIS</i> INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i> ANTECEDENT CAUSES DUE TO (b) <i>Pertussis</i> <i>2 1/2 wks</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Stomatitis, Varicella</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>0561C</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-26, 1952</i> , to <i>4-6, 1952</i> ; that I last saw the deceased alive on <i>4-6, 1952</i> , and that death occurred at <i>3:25 p. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James A. Kinden</i>		23b. ADDRESS <i>MD. Cape Girardeau MO</i>	23c. DATE SIGNED <i>10 April '52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 7, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Portageville Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Portageville, Mo</i>
DATE REC'D BY LOCAL REG. <i>4-10-52</i>	REGISTRAR'S SIGNATURE <i>44-0</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>DeWile Funeral Parlor-Portageville Mo</i>	

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed Homer L. Ponder

Signed.....
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Tilbourn, 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.