

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1956

State File No. 789

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5319 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Morgan</i>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <i>Otterville Sup</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Otterville</i>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>4 miles south of Otterville</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>CAROLYN</i> b. (Middle) <i>W.</i> c. (Last) <i>KINSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 11, 1956</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 16, 1916</i>	9. AGE (In years last birthday) <i>39</i>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>		11. BIRTHPLACE (City and State, or Foreign Country) <i>Long Prairie, Minn.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					

13a. FATHER'S NAME <i>unknown</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Wilbert Wilkinson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>A. C. Peterson, Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Multiple skull fractures</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>vesicle eye to being struck by train</i> DUE TO (c) <i>fracture neck - multiple fractures on body</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident RR track crossing</i>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>Otterville</i>	21c. COUNTY OR TOWNSHIP (COUNTY) (STATE) <i>Cooper Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>1 11 56 9:35</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>struck by train while riding on track</i>

22. I hereby certify that I attended the deceased from *to* to *11*, 19 *1956*, that I last saw the deceased alive on *11*, 19 *1956*, and that death occurred *at Otterville, Mo.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. Deekroegen M.D.</i>	23b. ADDRESS <i>Caron, Bernville, Mo</i>	23c. DATE SIGNED <i>1/13/56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>buried</i>	24b. DATE <i>Jan 14, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Otterville</i>	24d. LOCATION (City, town, or county) (State) <i>Otterville Mo</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>1/14/56 REG Hooper</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Atterville, Hays - Painter</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Robert L. Painter*.....

Licensed Embalmer No. *406*.....

P. O. Address *Pilot Grove*.....

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.