

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6364**
Registrar's No. **1626**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place)	a. STATE Oklahoma b. COUNTY Woods
d. FULL NAME OF (If not in hospital or institution, give street address or location) Frisco Employees Hospital		c. CITY OR TOWN Dacoma	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		STREET ADDRESS (If rural, give location) 435 1/2	

3. NAME OF DECEASED (Type or Print)	a. (First) Kenneth	b. (Middle) EUGENE	c. (Last) Deinlein	4. DATE OF DEATH (Month) (Day) (Year) 2 14 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 13, 1912	9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Latham, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Peter Deinlein	13b. MOTHER'S MAIDEN NAME Oney Stafield	14. NAME OF HUSBAND OR WIFE Helen Deinlein
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 702-03-7023	17. INFORMANT'S SIGNATURE OR NAME Helen Deinlein, Dacoma, Okla. ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis		5 Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RIGHT RENAL CARCINOMA		5 Mo.
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 180x	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 **12-24, 1955**, to **2-14, 1956**, that I last saw the deceased alive on **2-14, 1956**, and that death occurred at **6:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Louis J. Stephens (Degree or title)	23b. ADDRESS M.O. Frisco Hospital	23c. DATE SIGNED 2-14-56
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	24b. DATE 2-15-56	24c. NAME OF CEMETERY OR CREMATORY Pleasant View
		24d. LOCATION (City, town, or county) (State) Dacoma, Ill.

DATE REC'D BY LOCAL REG. FEB 15 1956	REGISTRAR'S SIGNATURE Albert H. Hoppe	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.
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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 *John Hines*
Licensed Embalmer No. *4116*
P. O. Address *St. Louis*

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.