Health, & Welfare Public Service

. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039491

STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. 120 Primary Registration District No. Registrar's No. 274

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Albany — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gentry County Memorial Hosp. — Length of stay in Ib: lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Albany — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 701 E. Wood — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Dale Middle: Wayne Last: Kinman

4. DATE OF DEATH Month: November Day: 23 Year: 1958

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 7, 1904

9. AGE (In years last birthday): 54 — 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): Restraunt owner

10b. KIND OF BUSINESS OR INDUSTRY: restraunt

11. BIRTHPLACE (City and state or country): Albany, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John Samuel Kinman

13b. MOTHER'S MAIDEN NAME: Ella David

14. NAME OF HUSBAND OR WIFE: Catherine Kinman

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.:

17. INFORMANT Address: Mrs. Dale Kinman . Albany, Missouri

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocarditis — almost years

DUE TO (c) + Cirrhosis of liver 4201 — " ? "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): + Gastric ulcer many years

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Albany COUNTY Gentry STATE Mo

21. I attended the deceased from 11-4-'58 to 11-23-58 and last saw him alive on 11-23-58

Death occurred at 1:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank H. Rose - MD

22b. ADDRESS: Albany, Mo

22c. DATE SIGNED: 11-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Nov. 25. 1958

23c. NAME OF CEMETERY OR CREMATORY: Grandview

23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR: Clifford Brooks · ADDRESS: Albany, Mo.

25. DATE RECD. BY LOCAL REG.: 11-25-'58

26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Frank H. Rose

DEC 4 1958

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 me, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Donald E. Cockell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.