Health, & Welfare Public Service

6. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004173
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 381 Primary Registration District No. 4513 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY OR TOWN Green Castle — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b: 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Sullivan
c. CITY OR TOWN Green Castle 1050 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) No street address — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Sylvester Middle Thomas Last Kimmel

4. DATE OF DEATH Month Jan. Day 23, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH 7-26-1891

9. AGE (In years last birthday) 67 — 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) Farming

10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming

11. BIRTHPLACE (City and state or country) Martinstown, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jonathan Kimmel

13b. MOTHER'S MAIDEN NAME Anna Moore

14. NAME OF HUSBAND OR WIFE Mattie Fowler Kimmel

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. 486-30-2402

17. INFORMANT Lloyd Kimmel, Address Green City, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ——
DUE TO (c) ——
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 1

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 COUNTY STATE

21. I attended the deceased from Sept 15, 1957, to Jan 23, 1959 and last saw him alive on Jan 17 1959. Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. L. Smith (Degree or title) D.C. — **22b. ADDRESS** Green City, Mo — **22c. DATE SIGNED** Jan. 25, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **23b. DATE** 1-25-1959 — **23c. NAME OF CEMETERY OR CREMATORY** Martinstown Cemetery — **23d. LOCATION** (City, town, or county) Putnam Co. (State) Mo.

24. FUNERAL DIRECTOR Glenn E. Kent & Son — **ADDRESS** Green City, Mo — **25. DATE RECD. BY LOCAL REG.** 1-30-59 — **26. REGISTRAR'S SIGNATURE** Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1962

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, M

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.