

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043342

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 5669 Primary Registration District No. 161 Registrar's No. 161

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0570
2570

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hawkpoint (tw)		Length of stay in 1b 10 yr.	c. CITY OR TOWN Silex Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. N. of Hawkpoint Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 mi. N of Hawkpoint Mo, Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WALTER OWEN KINION			4. DATE OF DEATH Month Day Year Dec. 2, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 24, 1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days 7 8	IF UNDER 24 HR Hours Min. 3 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Silex Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Richard K. Kinion	
13b. MOTHER'S MAIDEN NAME Ruth Reynolds		14. NAME OF HUSBAND OR WIFE Bessie Kinion	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Bessie Kinion Address Silex Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT			INTERVAL BETWEEN ONSET AND DEATH 3 Hours
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) CARCINOMA OF URINARY BLADDER			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 9-24-61 to 11-30-62 and last saw ^{her} alive on 11/8/62 Death occurred at 11:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Richard Carlin</i> (Degree or title) M.D.		22b. ADDRESS 100 No. Euclid, St. Louis 8 Mo	22c. DATE SIGNED 12/4/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 5, 1962	23c. NAME OF CEMETERY OR CREMATORY Sulphur Lick Cemetery	23d. LOCATION (City, town, or county) (State) Lincoln County Mo.
24. FUNERAL DIRECTOR <i>D.H. McGay</i> ADDRESS Troy Mo		25. DATE RECD. BY LOCAL REG. 12-4-1962	26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>

(Licensed Embalmer's Statement on Reverse Side)

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

D.W. McCoy

Licensed Embalmer No.

3587

P. O. Address

Troy 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.