

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

72 68 0011832
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 72

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 18 1968	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>	Length of stay in 1b <u>10 days</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) <u>R.R.1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Blanche Martin Kimball</u>	
4. DATE OF DEATH Month Day Year <u>March 12, 1968</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-31-1894</u>
9. AGE (last birthday) <u>73</u>	
IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Hamburg, New York</u>	
12. CITIZEN OF WHAT COUNTRY <u>usa</u>	
13a. FATHER'S NAME <u>dont know</u>	
13b. MOTHER'S MAIDEN NAME <u>dont know</u>	
14. NAME OF HUSBAND OR WIFE <u>Alfred D. Kimball</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>498-36-3710</u>	
17. INFORMANT Address <u>Richard Kimball, Urich, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Myocardial Insufficiency</u>	
DUE TO (c) <u>Cerebro-vascular Thrombosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" 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 a.m. p.m. Month, Day, Year	
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 <u>3-4-68</u> to <u>3-12-68</u> and last saw her/him alive on <u>3-12-68</u> Death occurred at <u>5:30</u> <u>A.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Clinton L. Gless, D.O.</u>	
22b. ADDRESS <u>Clinton Mo.</u>	
22c. DATE SIGNED <u>3/12/68</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3-14-1968</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Urich, Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Urich, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Snow's Funeral Home, Urich, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>3-12-1968</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED
 1 1
 2 73
 3
 4 1
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USE BLACK INK OR TYPEWRITER RIBBON

Section 40

DECEMBER 1968

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 Merle D Snow

Licensed Embalmer No. 4034

P. O. Address Wich, 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.

Permit Obtained 3-12-68 MS