No. 300
10-48

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21815

State File No.

BIRTH NO. REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 31

1030

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bloomfield
c. LENGTH OF STAY (In this place) 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Stoddard County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~Puxico~~ Mo. COUNTY Stoddard Mo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Old Folks Home.
d. STREET ADDRESS (If rural, give location) Bloomfield Mo,

3. NAME OF DECEASED (Type or Print) a. (First) Sterling b. (Middle) S. c. (Last) Kinnaman,

4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 51

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Oct 18 - 1866

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 7 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mineing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Davis County Indiana,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hiram Kinnaman

13b. MOTHER'S MAIDEN NAME Rebeca Williams,

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oliver Kinnaman Puxico Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 31, 19 51, *to* May 29, 1951, *that I last saw the deceased alive on* May 29, 1951, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gordon O Benshill D.O

23b. ADDRESS 2 Bloomfield, Mo.

23c. DATE SIGNED 6-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 1st

24c. NAME OF CEMETERY OR CREMATORY Brown

24d. LOCATION (City, town, or county) Stoddard Co (State) Missouri

DATE REC'D BY LOCAL REG. June 1951

REGISTRAR'S SIGNATURE Rose Wehlen

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Service Puxico Mo,

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUN 18 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

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 .....
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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 this body is not embalmed, fact should be so stated above.