

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29589

State File No.

BIRTH NO.		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>4502</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Puxico</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Puxico</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reagan Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>1030</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Ollie</u> c. (Last) <u>Kinnaman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 6 1877</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>8</u> DAYS <u>24</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Hiram Kinnaman</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Williams</u>			14. NAME OF HUSBAND OR WIFE <u>Myrtle Kinnaman</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Kinnaman Puxico Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>3rd degree burns and probable asphyxiation.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd degree burns and probable asphyxiation.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9167</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>40</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>nursing home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Puxico, Stoddard, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 30, 1956 10:20 P.M.</u>		21e. INJURY OCCURRED AT <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Nursing home burned.</u>			
22. I hereby certify that I attended the deceased from -----, 19___, to -----, 19___, that I last saw the deceased alive on -----, 19___, and that death occurred at <u>10:20 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ray W. Rainey</u> <u>Coroner</u>				23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>7-31-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 2 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Puxico Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/24/56</u>		REGISTRAR'S SIGNATURE <u>Pearl Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gloria Morgan Puxico Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

790-0

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.. *Not embalmed*

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.