

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1024  
Registrar's No. 5

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5458

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Walnut Grove, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Walnut Grove, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLAY</b> b. (Middle) _____ c. (Last) <b>Killingsworth</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January - 20 - 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed - 2</b>	8. DATE OF BIRTH <b>April - 28<sup>th</sup> - 1868</b>
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	
11. BIRTHPLACE (State or foreign country) <b>Greene County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Killingsworth</b>		14. NAME OF HUSBAND OR WIFE <b>Lona Waddell Killingsworth</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Georgia Killingsworth</b> ADDRESS <b>Walnut Grove, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Bronchitis</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerosis</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>501</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 19</b> , 1949, to <b>Jan 20</b> , 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Barber</b> (Degree or title) <b>Surgeon</b>		23b. ADDRESS <b>Walnut Grove, Mo</b>	23c. DATE SIGNED <b>1/22/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>January 23 - 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Walnut Grove, Mo</b>
DATE REC'D BY LOCAL REG. <b>1/24/49</b>	REGISTRAR'S SIGNATURE <b>Stewart B. Wilson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene A. Barr</b> ADDRESS <b>Walnut Grove, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

39  
0  
0

RECEIVED  
Greene County Health Office  
County File Number 49-1-2  
Date Filed 1-27-49

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.....

James R. Phelps Student Embalmer No. 215  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Gene A. Brown

Licensed Embalmer No. 2667

P. O. Address Walmart Groceries

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.