

FILED JUN 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19593

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2457

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give town OR Kansas City) | | c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City | |
| c. LENGTH OF STAY (In this place) 70 yrs | | 13 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Studio Bld./418 E.9th St. | | d. STREET ADDRESS (If rural, give location) Studio Bldg.418 E.9th St. | |

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|-------------------------------------|---------------------------|-----------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) MELISSA | b. (Middle) A. | c. (Last) HORSFALL | 4. DATE OF DEATH (Month) (Day) (Year) 6 2 49 |
|-------------------------------------|---------------------------|-----------------------|---------------------------|--|

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|------------------|----------------------------|--|-------------------------------------|---|------------------------|----------------------|-------|------|
| 5. SEX Fe | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Jan.1, 1870 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | Hours | Min. |
|------------------|----------------------------|--|-------------------------------------|---|------------------------|----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY ***** | 11. BIRTHPLACE (State or foreign country) Columbus, Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Benjamin Kingery | 13b. MOTHER'S MAIDEN NAME Rachel Kline | 14. NAME OF HUSBAND OR WIFE Charlie Horsfall |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Bess Naylor, 3015 Paseo, KC Mo. | ADDRESS |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Genue arterio sclerosis with dilated heart | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | DUE TO (c) vascular disease of the kidney | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION no operation | |
| 19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 4201 | |

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| 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) |
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| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 May 18, 1949, to June 2, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 4:30 P. M. from the causes and on the date stated above.

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| 23a. SIGNATURE Andrew C. Knox (Degree or title) | 23b. ADDRESS Andrew C. Knox MD 608 SchuKirtz | 23c. DATE SIGNED June 4, 1949 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-6-49 | 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. |
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| DATE REC'D BY LOCAL REG. 6-6-49 | REGISTRAR'S SIGNATURE Staldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE JM Wagner | ADDRESS K C Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

1804-1A

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.

Signed Alvin R. Haunschild

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.