

FILED MAR 28 1950

STANDARD CERTIFICATE OF DEATH

10674  
State File No. 2708

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2708

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Illinois</u><br>b. COUNTY <u>Morgan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis, Missouri</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Jacksonville</u> 8120   |  |
| c. LENGTH OF STAY (in this place)<br><u>1 mo. 7 1/2</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>132 E. Walcott</u> 8   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>BARNES HOSPITAL</u>                                  |  |  |  |

|  |                                  |  |   |   |   |
|--|----------------------------------|--|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Helen</u><br>b. (Middle) <u>Kathleen</u><br>c. (Last) <u>Kingery</u> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>March 20, 1950</u> |   |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Oct. 17 1919</u>                           | 9. AGE (In years last birthday)<br><u>30</u>                        | IF UNDER 1 YEAR<br>Months   Days<br>IF UNDER 24 HRS.<br>Hours   Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House wife</u>             |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At home</u>                      |   | 11. BIRTHPLACE (State or foreign country)<br><u>Ranger, Texas</u> / |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |                                  |  |   |   |   |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME<br><u>George Spradlin</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Nina Smith</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>George Kingery</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                        |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><u>Mrs George Spradlin, Jacksonville, Ill.</u> |  |

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|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fulminating aspiration tuberculous</u><br><br>ANTECEDENT CAUSES<br><u>pneumonitis</u><br><u>Tuberculosis</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 days</u><br><u>2 years</u> |  |
|--|--|--|--|--|---|--|

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| 19a. DATE OF OPERATION<br><u>3/15/50</u>                              |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Left pneumonectomy -- Pneumonitis and tuberculosis</u>           |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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)<br><u>MO</u> |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>2:30 - 3:00</u> |  | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                                   |   |  |

I hereby certify that I attended the deceased from Feb. 6, 1950, to March 20, 1950, that I last saw the deceased alive on March 20, 1950, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE<br><u>J. B. Farver</u> (Degree or title) <u>M.D.</u>            |  | 23b. ADDRESS<br><u>BARNES HOSPITAL</u>   |  | 23c. DATE SIGNED<br><u>3/20/50</u>                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>                    |  | 24b. DATE<br><u>3-20-50</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Diamond Grove Cem.</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Jacksonville, Illinois</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS<br><u>Albert H. Hoppe 4700 Washington</u> |  |   |  |

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

2708

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*J. Wm. D. Dinkley*

Signed.....

Student Embalmer

Licensed Embalmer No.

3653

P. O. Address

*St Louis 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.