

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36529

FILED NOV 28 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <b>COOPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>BOONVILLE Mo</b>		c. LENGTH OF STAY (in this place) <b>346 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL SAGINE TWP</b>		0270
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BOONSLICK BOARDING HOME</b>			d. STREET ADDRESS (If rural, give location) <b>NEAR WOODRIDGE Mo</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>W</b> c. (Last) <b>KINGEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22. 1950</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>AUG 23-1874</b>	9. AGE (In years last birthday) <b>76</b>	10. MONTHS <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CROP FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>

13a. FATHER'S NAME <b>ANDREW KINGEY</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH GANN</b>		14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>L. F. Ruffman Jeff. City 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>Arterio-sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
ANTECEDENT CAUSES		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 **April 1947**, to **Nov 22, 1950**, that I last saw the deceased alive on **11/19, 1950**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. L. Dickraegen M.D.</b>		23b. ADDRESS <b>Boonville Mo.</b>		23c. DATE SIGNED <b>11/24/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov 23, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>COPPS CHAPEL CEM</b>	24d. LOCATION (City, town, or county) (State) <b>NEAR WOODRIDGE Mo</b>		
DATE REC'D BY LOCAL REG. <b>11-23-50</b>	REGISTRAR'S SIGNATURE <b>D. Cooper 381</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>G. Albert Hornbeck</b>		

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

27  
4

mo

RECEIVED <sup>11-27-50</sup>  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Filed 11-27-50

W.C. 131850

**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 E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Praine Home Inc

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.