

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38117

0880
4

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

BIRTH NO. _____		REG. DIST. NO. 295		PRIMARY REG. DIST. NO. 6615		Registrar's No. 57			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Salts Springs</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		0883			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Home</u>				d. STREET ADDRESS (If rural, give location) <u>No Ault St</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Grant</u>		b. (Middle)		c. (Last) <u>Kingsley</u>			
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>22nd</u>		(Year) <u>1950</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>no data</u>			
9. AGE (In years last birthday) <u>Abt 73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>			11. BIRTHPLACE (State or foreign country) <u>9</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>no data</u>		13b. MOTHER'S MAIDEN NAME <u>no data</u>		14. NAME OF HUSBAND OR WIFE <u>Kate</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kate Kingsley, RFD Huntsville Mo</u>			ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						<u>Sudden</u>	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</u>							
		DUE TO (b) <u>Atherosclerosis, Cerebral and Renal</u>							
		DUE TO (c) <u>Senile Dementia</u>						<u>4:00</u>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
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 <u>on</u> <u>11/22, 1950</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George W. Einclman, D.O.</u>				23b. ADDRESS <u>Huntsville, Mo</u>		23c. DATE SIGNED <u>11/25/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 25 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-29-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. W.A. Barnhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Malsaw and Son</u>		ADDRESS <u>Moberly Mo</u>			

Date Received: DEC 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-203
Date Filed: DEC 7 1950

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. Frank D. DeWitt

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address. Mobile, 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.