

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13559

State File No.

BIRTH NO.		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>5953</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - BUFFALO</u>		c. LENGTH OF STAY (In this place) <u>2 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - BUFFALO</u>		<u>0871</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #1, LOUISIANA, MO</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, LOUISIANA, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ANN</u> c. (Last) <u>KINGSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20, 1951</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 30, 1854</u>	
9. AGE (In years last birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13a. FATHER'S NAME <u>EDWARD WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM KINGSTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LARRY HALLOMAN - LOUISIANA MISSOURI</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		1500		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)		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>4-6</u> , 19 <u>51</u> , to <u>4-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-20</u> , 19 <u>51</u> , and that death occurred at <u>3:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>LOUISIANA, MO</u>		23c. DATE SIGNED <u>4/21/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MISSOURI</u>	
DATE RECD BY LOCAL REG. <u>April 21, 1951</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		374		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baley Mortuary, Louisiana MO</u>	

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

Date Received: APR 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-838
Date Filed: MAY 1 1951

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.