

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9411

State File No.

FILED MAR 26 1952 081 0		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give town) Keola, Mo.		c. LENGTH OF STAY (in this place) 24 hrs		c. CITY (If outside corporate limits, write RURAL and give township) St. James, Mo. 510			
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) Frederick			b. (Middle) Kingman		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3 - 9 - 1952
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Mar. 14, 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days Hours Mins. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Brooklyn, N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Don't know		13b. MOTHER'S MAIDEN NAME Don't know		13c. NAME OF HUSBAND OR WIFE Harriett Kingman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nancy Olney - St. James Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 15 Days
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns from heat, abdomen ardy.					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)					
		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 None		19b. MAJOR FINDINGS OF OPERATION none		E 9160 - 16		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY); (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 9 1952 11 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? caught clothes on fire with rug.			
22. I hereby certify that I attended the deceased from March 7, 1952, to March 9, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 9:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE James D. Burtch, M.D. (Degree or title)				23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 3/18/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-11-52		24c. NAME OF CEMETERY OR CREMATOR Oak Grove Cemetery		24d. LOCATION (City, town, or county) St. James, (Rural) Mo. (State)	
DATE REC'D BY LOCAL REG. Mar. 19, 1952		REGISTRAR'S SIGNATURE Nadine L. Steel		25. FUNERAL DIRECTOR'S SIGNATURE Oral E. Lieblidew - St. James, Mo.		ADDRESS	

County File Number
Date Filed 3-24-52

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Orrel E. Siskel*

Licensed Embalmer No. *3546*

P. O. Address *27 James St*

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.