

FILED JAN 14 1953

U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
STANDARD CERTIFICATE OF DEATH

State File No. **1890**
Jasper, Mo.

0493

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

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 65 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Carthage			
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital				d. STREET ADDRESS (If rural, give location) 533 E. Macon St.			
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) MILLER c. (Last) KINGSBURY			4. DATE OF DEATH (Month) (Day) (Year) Jan 2, 1953				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov 8, 1888	
9. AGE (in years) (Age birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William H. Miller			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE John Kingsbury		
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 ADDRESS John Kingsbury, 533 E. Macon, Carthage			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic interstitial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, lobar				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 10 yrs 6 days	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		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 Jan 1946 , to Jan 2, 1953 , that I last saw the deceased alive on Jan 2, 1953 , and that death occurred at 10:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George H. Wood M.D.				23b. ADDRESS Carthage Mo		23c. DATE SIGNED 1/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
DATE REC'D BY LOCAL REG. 1-5-53		REGISTRAR'S SIGNATURE L. B. Clutens, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.			

RECEIVED 1-13-53
Jasper County Health Office

County File Number 53/1/48
Date Filed 1-13-53

MAY 1 1953

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.