

FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17581**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>		
b. CITY OR TOWN <b>SULLIVAN MERAMEC</b>		c. LENGTH OF STAY (In this place) <b>2 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>SULLIVAN MO. MERAMEC</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NORTHSIDE HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>110 HUGHS FORD RD. 036</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>NELLIE</b> b. (Middle) _____ c. (Last) <b>KINGSTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-17-1953</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>6-24-1868</b>		9. AGE (In years last birthday) <b>84</b> IF UNDER 1 YEAR: Months <b>10</b> Days <b>23</b> IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>BROOKLINE OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>DANIEL CRONIN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN KINGSTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. A CLARK SULLIVAN MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis &amp; Scurvity</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Scurvity</b> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>		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) (Min.)		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 Apr. 1953 to May 17, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 1:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. P. Royse M.D.</b>		23b. ADDRESS <b>Sullivan Mo</b>		23c. DATE SIGNED <b>5/18/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-19-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. JAMES CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>ST. JAMES MO</b>	

DATE REC'D BY LOCAL REG. <b>5-18-53</b>		REGISTRAR'S SIGNATURE <b>A. P. Royce 97</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thos P. Shaffer Sullivan Mo</b>	
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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. me

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address Sullivan Me

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.