

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19017

FILED JUN 2 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6016 Registrar's No. 20

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u> <u>0880</u> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> <u>0880</u> |  |
| b. CITY OR TOWN <u>Roanoke Mo</u> <u>Silver Creek</u>      |  | c. CITY OR TOWN <u>Roanoke Mo</u> <u>Silver Creek</u> <u>0</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                    |  | d. STREET ADDRESS (If rural, give location)<br><u>Rural, East of Roanoke</u>  |  |

|  |  |                                   |  |   |  |   |  |
|--|--|-----------------------------------|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Ibbie</u>   |  | b. (Middle)                       |  | c. (Last) <u>Kingery</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 20 1953</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>Oct 19 1877</u>                         |  |
| 9. AGE (In years last birthday) <u>75</u>  |  | IF UNDER 1 YEAR Months            |  | IF UNDER 24 HRS. Hours  |  | Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kentucky</u> |  | 12. CITIZEN OF WHAT COUNTRY?                                |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>Dont Know</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Dont Know</u> |  | 14. NAME OF HUSBAND OR WIFE   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                       |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Josh McCully Roanoke Mo</u> |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left lung</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 months</u> |  |
|--|--|---|--|---|--|

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                                 |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>163x</u>  |  | 20. AUTOPSY?<br>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 December, 1952, to May 20, 1953, that I last saw the deceased alive on May 20, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE<br><u>V. L. Robinson</u> (Degree or title) <u>D.O.</u> |  | 23b. ADDRESS<br><u>Higbee, Mo.</u>                             |  | 23c. DATE SIGNED<br><u>5-21-53</u>                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>            |  | 24b. DATE<br><u>May 22 1953</u>                                |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Roanoke</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Roanoke Mo</u>    |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Burton Funeral Home</u> |  | ADDRESS<br><u>Higbee Mo</u>                          |  |
| DATE REC'D BY LOCAL REG.<br><u>5-21-53</u>                            |  | REGISTRAR'S SIGNATURE<br><u>Mary H Bentley</u> <u>492</u>      |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

**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

Signature

*W. W. Freeman*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.