

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>101</u>			
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper.</u>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY OR TOWN <u>New Franklin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>109 West Broadway 6</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Horace</u>			b. (Middle) _____		c. (Last) <u>Kingsbury.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 23 1873</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Missouri</u>		12. COUNTRY OF WHAT CITIZENRY? <u>USA.</u>		
13a. FATHER'S NAME <u>Robert Taylor Kingsbury</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Virginia Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Ellen Converse Kingsbury</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Horace Kingsbury, New Franklin</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY INFARCTION; EMBOLIC.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 MINS.</u>	
II. ANTECEDENT CAUSES <u>FRACTURES OF RIGHT 7TH, 8TH, 9TH & 10TH RIBS.</u> <u>LACERATION OF RIGHT KIDNEY AND HEMO-THORAX AND PARTIAL ATELECTASIS OF RIGHT LUNG ALL FOLLOWING SINCE</u>				DUE TO (b) _____ DUE TO (c) _____				THE DATE OF HIS ACCIDENT INJURIES ON <u>Oct. 29, 1954.</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>NO OPERATION.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY - & RA</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>NEW FRANKLIN</u> (COUNTY) <u>HOWARD</u> (STATE) <u>MISSOURI</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 29, 1954, 4 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? (OF PATIENT) <u>AUTOMOBILE COLLIDED WITH LOCOMOTIVE.</u>					
22. I hereby certify that I attended the deceased from <u>Oct. 29, 1954, to Dec. 6, 1954</u> , that I last saw the deceased alive on <u>Dec. 6, 1954</u> , and that death occurred at <u>4 P.M.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>329 MAIN, BOONVILLE, MISSOURI</u>		23c. DATE SIGNED <u>12/9/54</u>			
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		24b. DATE <u>Dec. 9 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>12/9/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller, Boonville, Mo.</u> ADDRESS					

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DEC

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.....
Signature of Student Embalmer

Signed *G. F. Boller*

Licensed Embalmer No. *306*

P. O. Address *Boonville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.