

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18000

State File No. ....  
Registrar's No. 80

FILED JUL 7 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5219

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville (rural)</u>	c. LENGTH OF STAY (in this place) <u>9 yrs.</u>	c. CITY OR TOWN <u>Harrisonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>R.F.D.1 (Camp Branch Twp.)</u>		e. STREET ADDRESS (If rural, give location) <u>Camp Branch Twp. (R.F.D. 1)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillard</u> b. (Middle) <u>Irvin</u> c. (Last) <u>Kingsolver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 27, 1876</u>		9. AGE (In years last birthday) <u>78</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>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washburn, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Kingsolver</u>		13b. MOTHER'S MAIDEN NAME <u>Melinda Harrell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Darthula Kingsolver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>559-30-3299</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Darthula Kingsolver</u> ADDRESS <u>Harrisonville Mo.</u>	

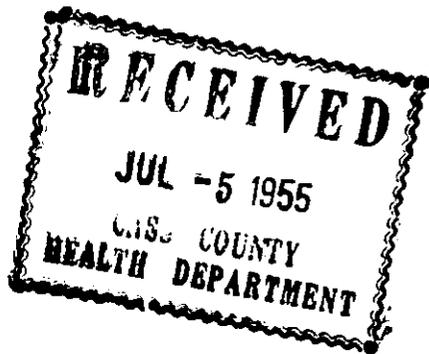
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema</u>		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>332X</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis, Emphysema</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 April, 1952, to June 25, 1955, that I last saw the deceased alive on 6-24-1955, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward S. Jones M.D.</u>		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>6-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>	
		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Missouri</u>			

DATE REC'D BY LOCAL REG- <u>June 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Nora Barriad</u> <u>457-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Stanley</u> ADDRESS <u>Pleasant Hill Mo.</u>	
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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..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Allen Bumpfield*.....

Licensed Embalmer No. *37*.....

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