

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1955

State File No. **36907**
4754

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY ROOKS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN STOCKTON,	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 VETERANS ADMINISTRATION HOSPITAL		f. STREET ADDRESS (If rural, give location) Route #1	

\$1508

3. NAME OF DECEASED (Type or Print) a. (First) HUGH b. (Middle) J. c. (Last) KRILEY			4. DATE OF DEATH (Month) (Day) (Year) November 4, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 3, 1910		9. AGE (In years last birthday) 45 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) Oil Field Worker		10b. KIND OF BUSINESS OR INDUSTRY Oil Field		11. BIRTHPLACE (City and State or Foreign Country) Plainville, Kansas	
13a. FATHER'S NAME Barney Kriley			13b. MOTHER'S MAIDEN NAME Marion McAlpine		14. NAME OF HUSBAND OR WIFE Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 514 26 7818		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Official Records of VA Hospital, Kansas City, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of right maxillary sinus with extensive necrosis invasion of entire right side of face and skull		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		160X	
II. OTHER SIGNIFICANT CONDITIONS Pulmonary congestion, extensive cachexia		Terminal	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA		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 **May 5, 1955**, to **November 4, 1955**, and that death occurred at **5:05A m.**, from the causes and on the date stated above.

23a. SIGNATURE Joaquin Lopez, M.D.		23b. ADDRESS VAH Kansas City, Mo.		23c. DATE SIGNED 11/4/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov. 5. 1955		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) HAYES KANSAS		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.H. Newcomer, 1331-BRUSH CREEK KANSAS CITY, MO			

DATE REC'D BY LOCAL REG. 11-5-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.H. Newcomer, 1331-BRUSH CREEK KANSAS CITY, MO	
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 44.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.