0.300
0.48

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

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13340

BIRTH NO. Child REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1594

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Childrens Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cedar
c. CITY OR TOWN Buckner
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) X 0209

3. NAME OF DECEASED (Type or Print)
a. (First) Richard b. (Middle) Lee c. (Last) Killingsworth

4. DATE OF DEATH (Month) (Day) (Year) 4 - 12 - 56

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH Oct. 4 - 1946

9. AGE (In years last birthday) 9 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Bakersfield Calif.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rufus Killingsworth

13b. MOTHER'S MAIDEN NAME Betty Bayless

14. NAME OF HUSBAND OR WIFE Child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mother ADDRESS
Betty Fowler - Buckner Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

2040

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/29, 1956, *to* 4-12, 1956, *that I last saw the deceased alive on* 4-12, 1956, *and that death occurred at* 12:35 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Wayne Hart (Degree or title) MD
Wayne Hart MD

23b. ADDRESS 1710 Independence

23c. DATE SIGNED 4/12/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE April 12 1956

24c. NAME OF CEMETERY OR CREMATORY Zion Hill Cemetery

24d. LOCATION (City, town, or county) (State) Concordia Missouri

DATE REC'D BY LOCAL REG. 4-12-56

REGISTRAR'S SIGNATURE Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
James Funeral Home Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas E. Wicks

Licensed Embalmer No. 26

P. O. Address 19 E. M

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