

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1956

38102  
STATE FILE NUMBER  
5191

Registration District No. 149 Primary Registration District 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 Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes# No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes# No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3619 Prospect		Length of stay in lb 10 yrs		d. STREET ADDRESS (If outside, give location) 3619 Prospect	
3. NAME OF DECEASED (Type or print) First Middle Last Everett Clinton Kingery			4. DATE OF DEATH Month Day Year Nov. 29, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/3/1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Mo. Highway Dept.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Kingery			14. MOTHER'S MAIDEN NAME McClure		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Elvena Kingery 3619 Prospect	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon c Metastases					INTERVAL BETWEEN ONSET AND DEATH 2+ months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					153x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 31, 1956 to Nov 29, 1956 and last saw him alive on Nov. 24, 1956 Death occurred at 4:30 pm 11/29/56 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) William A. Kella M.D.			22b. ADDRESS Grandview Mo.		22c. DATE SIGNED 11/30/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/29/56	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) California, Missouri
24. FUNERAL DIRECTOR Stine-McClure 3235 Gillham Plaza		25. DATE RECD. BY LOCAL REG. 11-30-56		26. REGISTRAR'S SIGNATURE Elva Marshall	

300  
1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION  
William A. Kella

Mr. Wm. Kelly  
12921 Grandview Rd  
So-1-5588  
11:00 A.M.

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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 em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmo D. Fyler*  
.....

Licensed Embalmer No. *48*

P. O. Address *Sanis City*

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