

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032782

STATE FILE NUMBER

4569

FILED OCT 15 1958 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 <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) 437 E 65th Terr.
3. NAME OF DECEASED (Type or print) First Ethel Middle Kingsbury Last Kingsbury		4. DATE OF DEATH Month Sept. Day 28 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 29 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Blakesburg, Iowa
13a. FATHER'S NAME A. K. Berry		13b. MOTHER'S MAIDEN NAME Mary Abega	14. NAME OF HUSBAND OR WIFE Emil Kingsbury
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Kenneth M. Kingsbury Address 437 E 65th Terr K.E. Missouri
18. CAUSE OF DEATH (Enter only one cause per life or (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulated intra abdominal hernia			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" type="checkbox"/> NO <input 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.) 6615	
20c. TIME OF INJURY Hour _____ 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 death occurred at Sept 23 1958 2:30 am		and last saw her/him alive on Sept 28 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Mrs. Berry MD (Degree or title)		22b. ADDRESS 315 Nichols Rd Kansas City Mo	22c. DATE SIGNED Sept 28 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/28/58	23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	23d. LOCATION (City, town, or county) (State) Burlington Kansas
24. FUNERAL DIRECTOR The Amos Family Inc ADDRESS Shawnee, Kansas		25. DATE RECD. BY LOCAL REG. 9-28-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

M. G. BERRY USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



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 *E. Paulinus*

Licensed Embalmer No. *4395*

P. O. Address. *Shawnee, Kan*

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.