

**DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 3 6 9 7

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 52

ENDED

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Concord TWP.</u>		Length of stay in 1b <u>3 yrs.</u>	c. CITY OR TOWN <u>Plattsburg</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>R.F.D.</u>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Jesse HERMAN Kingsland</u>			4. DATE OF DEATH Month Day Year <u>Dec. 18 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-27-1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Linden Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Kingsland</u>		13b. MOTHER'S MAIDEN NAME <u>Nicolay</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>509-03-9450</u>	17. INFORMANT <u>MRS. MARY Ruth Owens</u>	Address <u>Plattsburg, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5mm</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Atherosclerosis</u>	<u>2 years</u>
	DUE TO (c) <u>Generalized Arteriosclerosis + Atherosclerosis</u>	<u>5 years</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from August 1958 to December 1959 and last saw him alive on December 17, 1959  
Death occurred at 12:03 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John P. Mabey M.D.</u> (Degree or title)	22b. ADDRESS <u>Plattsburg, Mo</u>	22c. DATE SIGNED <u>Dec. 17, 1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-26-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Topeka Cemetery</u>	23d. LOCATION (City, town, or county) <u>Topeka Kansas</u>
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24. FUNERAL DIRECTOR <u>LYON FUNERAL HOME</u>	ADDRESS <u>Plattsburg, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 21, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Thomas C. Durdon</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Phillip E. Cox

Licensed Embalmer No. 4993

P. O. Address Flattburg

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.