

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS DEC 29 1959 175

Primary Registration District No. 3036 Registrar's No. 129

STATE FILE NUMBER

UNRECORDED

|  |  |   |   |  |  |   |
|--|--|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Lawrence</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Aurora</b>   |  | Length of stay in 1b  | c. CITY OR TOWN <b>Aurora</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>315 W. Springfield</b>                   |  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Cecil</b> Middle <b>E.</b> Last <b>Kingsley</b>  |  |   | 4. DATE OF DEATH<br>Month <b>Dec</b> Day <b>21</b> Year <b>1959</b>   |  |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>10-2-1884</b>   | 9. AGE (last birthday) <b>75</b><br>IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Greenville, Tenn.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Worley Kingsley</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Lou Craig</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ada Kingsley</b>   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>498-28-0141</b>   | 17. INFORMANT<br><b>Ada Kingsley</b>  |  | Address<br><b>Aurora, Mo</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b><br>DUE TO (b) <b>General Arteriosclerosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 yrs</b>  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |  |   |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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<br><b>Aurora Mo</b>   |  | COUNTY<br><b>Lawrence</b>                       |
| STATE<br><b>Missouri</b>   |  |   |   |  |  |   |
| 21. I attended the deceased from <b>12-13-59</b> to <b>12/22/59</b> and last saw him alive on <b>12/21/59</b><br>Death occurred at <b>0615</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |  |  |   |
| 22a. SIGNATURE<br><b>[Signature]</b>   |  |   | 22b. ADDRESS<br><b>[Address]</b>  |  | 22c. DATE SIGNED<br><b>12/23/59</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>12/23/59</b>           | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Goss</b>   |   | 23d. LOCATION (City, town, or county)<br><b>Miller, Missouri</b>                             |  |   |
| 24. FUNERAL DIRECTOR<br><b>Oscar L. Marsh</b>  |  |   | ADDRESS<br><b>Aurora, Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>12-23-1959</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b> |

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 

Licensed Embalmer No. 3812

P. O. Address Amoria, Mo

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.