

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-025701

STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 5585 Registrar's No. 142

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY OKLAHOMA	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN MADISON TWP.		Length of stay in 1b ACCIDENT	c. CITY OR TOWN OKLAHOMA CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 MILES E. OF CARTHAGE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 224 N.W. 18TH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DONALD P. KINGSTON		4. DATE OF DEATH Month Day Year JULY 14 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/31/43
9. AGE (last birthday) 17		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY STUDENT	11. BIRTHPLACE (City and state or country) LEXINGTON, OKLA.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME LEO E. KINGSTON	
13b. MOTHER'S MAIDEN NAME GRACE GREENE		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address LEO E. KINGSTON (FATHER) SAME	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) fracture of back Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) lumbar thoracic region DUE TO (c) _____ 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			INTERVAL BETWEEN ONSET AND DEATH immediate
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) automobile accident	
20c. TIME OF INJURY Hour 1:00 p.m. 7-14-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66 - 6 mi. E. of Carthage, Mo.	20f. CITY, TOWN, OR LOCATION COUNTY STATE Jasper
21. I attended the deceased from did not attend and last saw her him alive on 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____			
22a. SIGNATURE (Degree or title) Mendell Fisher D.P.S. CORONER		22b. ADDRESS Joplin, Mo.	22c. DATE SIGNED 7-14-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7/18/61	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION	23d. LOCATION (City, town, or county) (State) OKLAHOMA CITY, OKLA.
24. FUNERAL DIRECTOR THE ULMER FUNERAL HOME, CARTHAGE, MO.	25. DATE RECD. BY LOCAL REG. 7-17-61	26. REGISTRAR'S SIGNATURE Ely Clanton	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

AUG 14 1967

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 Melvin Garrett

Licensed Embalmer No. 5131
P. O. Address Cuthage, 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.