

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018577

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 113

FILED MAY 28 1962

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Length of stay in lb <u>32 yrs.</u>	c. CITY OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1029 S. Jefferson St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1029 S. Jefferson St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) MARY Kingston First Middle Last
DATE OF DEATH May 23, 1962 Month Day Year

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 2/11/1870 9. AGE (last birthday) 92 IF UNDER 1 YEAR Months 3 Days 12 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state of country) Switzerland U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Joe Le Large 13b. MOTHER'S MARRIAGE NAME Unknown 14. NAME OF HUSBAND OR WIFE Richard Kingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mr. Joe D. Jaeger, Washington, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c); PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) Arterio-sclerosis
DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile dementia PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 1946 to 5/20/62 and last saw her him alive on 5/21/62
Death occurred at 3:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Munch (Degree or title) M.D. 22b. ADDRESS 808 Elm Washington Mo 22c. DATE SIGNED 5/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 25, 1962 23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery 23d. LOCATION (City, town, or county) Washington Missouri (State)

24. FUNERAL DIRECTOR Nieburg & Co., Washington, Mo. ADDRESS 51 N. 21st 25. DATE RECD. BY LOCAL REG. 5/25/62 26. REGISTRAR'S SIGNATURE Lula C. Hoffmann

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Lester A. Witt
Licensed Embalmer No. 3254

P. O. Address Washington, 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.