

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24312**

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 26

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Rural Mt Vernon</u>	c. LENGTH OF STAY (in this place) <u>40 years</u>	c. CITY OR TOWN <u>Mt Vernon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hedges Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>903 So. Market</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alvis</u>	b. (Middle) <u>Burton</u>	c. (Last) <u>King</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July - 28 - 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug - 2 - 1870</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>26</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming School Teaching</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Eddyville Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John King</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Vesta Jane Maynor King</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Johnny Paul King</u> ADDRESS <u>Mt Vernon, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>153x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 3/26, 1956, to 7/28, 1956, that I last saw the deceased alive on 7/27, 1956, and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. J. Granger MD</u>	23b. ADDRESS <u>Mt Vernon</u>	23c. DATE SIGNED <u>7/30/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July - 31 - 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-1-56</u>	REGISTRAR'S SIGNATURE <u>Cecil Skidrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Map L. Fossett</u> ADDRESS <u>Mt Vernon Mo.</u>
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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 *Maude L Fossett*

Licensed Embalmer No. *425*

P. O. Address *M. Vernon*

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.