SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-021326
STATE FILE NUMBER

AMENDED FILED JUN 28 1961

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2969

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 8 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 1122 East 76th Terrace — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First SAMUEL Middle ALLEN Last MELLVILLE KING
4. DATE OF DEATH Month June Day 13, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-2-1896
9. AGE (last birthday) 64 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Ministers
11. BIRTHPLACE (City and state or country) Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Bruce N. King
13b. MOTHER'S MAIDEN NAME Anna Oderfeld
14. NAME OF HUSBAND OR WIFE Mrs. LaVera Judy King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I
17. INFORMANT Mrs. LaVera King Address 1122 East 76th Terr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, coronary — 12 years
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. ☐ 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 a.m. p.m. Month, Day, Year
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 March 1961 to June 13, 1961 and last saw him alive on June 9, 1961
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Reid Jones (Degree or title) M.D.
22b. ADDRESS 411 Nichols Road
22c. DATE SIGNED 6.14.61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-16-61
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas

24. FUNERAL DIRECTOR Freeman Mortuary, ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 6-14-61
26. REGISTRAR'S SIGNATURE Ruth A. Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Reid Jones DOCUMENT

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 Clayton K Barnes

Licensed Embalmer No. 4793

P. O. Address K. C. 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.