

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-031645

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 198

FILED AUG 30 1965

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| VS 300 |
| Rev. 4/59 |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Deepwater</u> | | Length of stay in 1b <u>6 yrs.</u> | c. CITY OR TOWN <u>Deepwater</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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Hermitage Mo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ORA</u> Middle <u>A.</u> Last <u>King</u> | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>23</u> Year <u>1965</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 21 1899</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months <u>66</u> Days <u>66</u> Hours <u>66</u> Min. <u>66</u> |
| 11. BIRTHPLACE (City and state or country) <u>Hermitage Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Thomas King</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary King</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mary King</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>486-09-7637</u> | | 17. INFORMANT <u>Mary King, Deepwater</u> 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) <u>Unknown Natural Causes</u> DUE TO (b) <u>Probable arteriosclerotic Heart disease</u> DUE TO (c) <u>None</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>average</u> |
| 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 |
| 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"/> <u>NO - RNIC</u> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>11</u> a.m. <u>11</u> p.m. | 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.) | | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>unattended</u> and last saw her/him alive on <u>approx 11 A</u> Death occurred at <u>approx 11 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Richard H. King M.D. Surgeon</u> | | 22b. ADDRESS <u>1065 3rd Clinton Mo</u> | 22c. DATE SIGNED <u>8-25-65</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>Aug-25-1965</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Nemo Cemetery Nemo Mo.</u> | 23d. LOCATION (City, town, or county) (State) <u>Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Melvin B. Janssens Deepwater Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-25-65</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigins</u> |

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 1965

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 L. Lawrence

Licensed Embalmer No. 4529

P. O. Address

El Dorado, Ark.

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.

Permit Obtained 8-25-65 (MS)