S. No. 300
v. 10.48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2140

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rt. 3
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 3, Sedalia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rt. 3,
d. STREET ADDRESS (If rural, give location) Rt. 3, Sedalia

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth
b. (Middle) Harris
c. (Last) King

4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 24, 1859
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 3 Days 3 — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housekeeping
11. BIRTHPLACE (State or foreign country) Musberry, England 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Harris
13b. MOTHER'S MAIDEN NAME Charlotte Petteral
14. NAME OF HUSBAND OR WIFE James A. King

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. None
17. INFORMANT'S SIGNATURE OR NAME Anna Reisland — ADDRESS Rt. 3, Sedalia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary decompensation — INTERVAL BETWEEN ONSET AND DEATH for days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis & Cardiac Hyp. — Many months
DUE TO (c) Senility & Advanced Age — Several Years

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 1343
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 1948, *to* Jan 27, 1949, *that I last saw the deceased alive on* Jan 24, 1949, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. J. Campbell M.D.
23b. ADDRESS Sedalia, Mo.
23c. DATE SIGNED 1-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 29, '49
24c. NAME OF CEMETERY OR CREMATORY Crown Hill
24d. LOCATION (City, town, or county) (State) Sedalia, Missouri

DATE REC'D BY LOCAL REG. 1-27-49
REGISTRAR'S SIGNATURE A. J. Campbell 251
25. FUNERAL DIRECTOR'S SIGNATURE Duane Evans — ADDRESS Sedalia

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-11-49

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 RICHARD D. CONN Student Embalmer No. 261, working under my personal supervision.

Signed Richard D. Conn
Student Embalmer

Signed Duane Ewing
Licensed Embalmer No. 28
P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.