

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 3 1949 STANDARD CERTIFICATE OF DEATH

14643

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>81</u>		
1. PLACE OF DEATH a. COUNTY <u>Lebanon</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lebanon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wash. Twp.</u>		c. LENGTH OF STAY (in this place) <u>36-11-22</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) <u>ROBERT F. KING</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-11-1911</u>		9. AGE (In years last birthday) <u>37</u>	if UNDER 1 YEAR <u>1</u> Month <u>1</u> Day	if UNDER 1 HRS. <u>1</u> Hour <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spinning</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Wm. King</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Douglas</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of discharge) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record Dept. Wash</u>				
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				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>				DUE TO (b) _____				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3347				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>3-11</u> , 19 <u>49</u> , to <u>4-24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-24</u> , 19 <u>49</u> , and that death occurred at <u>12</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. G. Hall M.D.</u>				23b. ADDRESS <u>1 Nevada Ave</u>		23c. DATE SIGNED <u>4-24-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 25, 1949</u>		REGISTRAR'S SIGNATURE <u>Wathupe H. Yancey</u>		33 25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon, MO</u>		

RECEIVED

District Health Officer No. 7,

District File Number 4-49-465

Date Filed 5-2-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Richard L. Palmer

Signed _____
Student Embalmer

Licensed Embalmer No. 4595

P. O. Address Suberony, 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.