

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15014

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>176</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF MO</u>		c. LENGTH OF STAY (in this place) <u>18 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF MO.</u>		123	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TIFFANY STAND CO / POPLAR BLUFF MO.</u>				d. STREET ADDRESS (If rural, give location) <u>825 SANDERS St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>A.</u>		c. (Last) <u>KING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1949</u> 0	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 28 1888</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hour Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIFFANY STAND CO. PLANT *****</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Wm. A KING</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA FEVERSTON</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS BELL KING</u>				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>GENEVIEVE CLEMENTS</u>				ADDRESS <u>POPLAR BLUFF MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myo carditis</u> DUE TO (c) <u>Chronic Nephritis</u>				1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4301	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Grace W Green</u> (Do not use title)				23b. ADDRESS <u>3 Borome Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>5/9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PUXICO CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PUXICO MO.</u>	
DATE REC'D BY LOCAL REG. <u>May 12 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. A. Johnson</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Frank Colwell</u>		ADDRESS <u>Poplar Bluff Mo</u>	

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

MAY 16 RECD

BUTLER COUNTY HEALTH CENTER

549-102

5-16-49

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

Scott A. Cobrett

Licensed Embalmer No.

3567

P. O. Address

Loplos Bluff, Md.

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.