

FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32639

State File No.

173

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marshall</u>)		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>204 E. Edna</u>				d. STREET ADDRESS (If rural, give location) <u>1275 S. Olson</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>ISSAC</u>		c. (Last) <u>KING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 30, 1895</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 2 HRS. Hours <u>-</u> Min. <u>-</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 _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph Huston King</u>			13b. MOTHER'S MAIDEN NAME <u>Emma King Walser</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496050727</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alice Brown</u>		ADDRESS <u>Marshall, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES <u>Carcinoma of Adenocarcinoma of Rectum</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Bronchoscopic section of lung Section Rt. Adenocarcinoma Ellis Proctor Hosp</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 Mos</u> <u>4-3X</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Cx of Lung Primary Columbia Mo</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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>July 20 1949</u> , to <u>Aug 29, 1949</u> , that I last saw the deceased alive on <u>Aug 29, 1949</u> , and that death occurred at <u>6:50 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert Kennedy M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Aug 27-1949</u>	REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> 385			25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

RECEIVED SEP 6

District Health Officer No. 8,

District File Number.....

Date Filed 9-27-49

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.

Student
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.