FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32971

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
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): Boone Co Hosp'l

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia Mo
d. STREET ADDRESS (If rural, give location): 509 High St

3. NAME OF DECEASED (Type or Print): a. (First) Omar b. (Middle) H c. (Last) King

4. DATE OF DEATH (Month) (Day) (Year): Oct 16 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 25-1890
9. AGE (In years last birthday): 59 — If under 1 year: Months 4, Days 21, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Employee
10b. KIND OF BUSINESS OR INDUSTRY: Mail Carrier
11. BIRTHPLACE (State or foreign country): Sturgeon Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Pleas T King
13b. MOTHER'S MAIDEN NAME: Margaret McBride
14. NAME OF HUSBAND OR WIFE: Lavinia Mitchell King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Lavinia King — ADDRESS: 509 High St

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 5 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* June 23, 19 48, *to* Oct 16, 19 49, *that I last saw the deceased alive on* Oct 16, 19 49, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE James M Allen (Degree or title) MD
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 10-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Columbia Cem
24b. DATE: 10-18-49
24c. NAME OF CEMETERY OR CREMATORY: Columbia Cem
24d. LOCATION (City, town, or county) (State): Columbia Mo

DATE REC'D BY LOCAL REG. Oct 17 1949 — Burial
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: K O Turnbull — ADDRESS: Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
OCT 26 1949

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,

Student Embalmer No.

working under my personal supervision.

Signed Lyman W. Sprinkle

Signed .....
Student Embalmer

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.