

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36168

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>358</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirksville</u>)		c. LENGTH OF STAY (in this place) <u>5 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harris, Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>Edward</u>		c. (Last) <u>King</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 16, 1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Putnam Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George King</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy King</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nancy King, Harris, Mo.</u> ADDRESS _____				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transverse Myelitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>	
		ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.					<u>34 3A</u>	
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 <u>Aug 1, 1949</u> to <u>Dec 5, 1949</u> that I last saw the deceased alive on <u>Dec 5, 1949</u> , and that death occurred at <u>WILD Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. H. Martin, D.D.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>12/6/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Dec. 6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 6-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home, Princeton, Mo</u> ADDRESS _____				

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

DEC 1 0 1949

RECEIVED

District Health Officer No. 1

District File Number 12-49-20

Date Filed DEC 1 0 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, or by _____

Gene Y. Miller

working under my personal supervision.

Student Embalmer No. 304

Signed *Gene Y. Miller*
Student Embalmer

Signed *Frank Martin*

Licensed Embalmer No. 3760

P. O. Address Princeton, Ill.

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.