FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40085

State File No.

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5015 Registrar's No. 391

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Watter Rout 2
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): near Buchanan Co line

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 125
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelcior Springs Mo
d. STREET ADDRESS (If rural, give location): Excelcior Street

3. NAME OF DECEASED (Type or Print): a. (First) Ingrid b. (Middle) c. (Last) King
4. DATE OF DEATH (Month) (Day) (Year): 11-29-49
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-25-1910
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? Denmark
13a. FATHER'S NAME: —
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: Tommy King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pearl Duncan ADDRESS: Excelcior Springs

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Maltiple skull fractures
DUE TO (c) Blunt instrument blows. E-182X

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): unknown
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): unknown
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 1949 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? 4 blows of blunt instrument to head.

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Maxwell, D.O., Coroner (Degree or title)
23b. ADDRESS: 307 W. Main Savannah
23c. DATE SIGNED: 12/8/49
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-9-1949
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetary
24d. LOCATION (City, town, or county) (State): 6mi. East Lawson Mo
DATE REC'D BY LOCAL REG.: 12-9-49
REGISTRAR'S SIGNATURE: Lillian Banks
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Breit Funeral Home Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 12 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.