

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8103

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 95

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| 1. PLACE OF DEATH a. COUNTY <u>COLE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas City Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MISSOURI</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u> | |
| c. LENGTH OF STAY (In this place) <u>45 days</u> | | 9328 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo.State Prison Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>2122 Park</u> | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A.</u> c. (Last) <u>King</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1950</u> | | |
|--|--|--|---|--|--|

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|--------------------|-------------------------------|--|---------------------------------------|---|-----------------------------------|----------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>April 3, 1921</u> | 9. AGE (In years last birthday) <u>29 years</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
|--------------------|-------------------------------|--|---------------------------------------|---|-----------------------------------|----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Convict</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u> |
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|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 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. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mo. State Prison Hosp., Jeff City, Mo.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury, abdomen + thorax</u> | | <u>Immediate</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | <u>7/16/50</u> <u>46</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Old Building</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City, Mo. (Mo.State Prison)</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 5, 1950</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>During demolition of an old building</u> |
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22. I hereby certify that I attended the deceased from DEAD UPON 19 VIEWING, 19____, that I last saw the deceased alive on March 13, 19 50, and that death occurred at 12:20P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>R. Donald Shull, M.D.</u> | 23b. ADDRESS <u>229th E. High St. Jefferson City, Mo.</u> | 23c. DATE SIGNED <u>4-5-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Apr-6-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>April 6 - 1950</u> | REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jefferson City, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

64

APR 21 1950

District File Number

District Health Officer No. 91

RECEIVED

APR 21 1950

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 J. Gorman*

Licensed Embalmer No. 1986

P. O. Address *Jefferson City 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.