

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16194**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fishing River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fishing River</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Liberty R 3 Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty R 3 Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Liberty R 3 Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>H.</u>		c. (Last) <u>King</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6-50</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 19-1856</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>10</u>		IF UNDER 24 HRS. Hours <u>17</u>		IF UNDER 48 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Schools</u>		11. BIRTHPLACE (State or foreign country) <u>Kearney Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	

13a. FATHER'S NAME <u>Thomas King</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth ann King</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie 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 ADDRESS <u>Donald Pharris Liberty r 3 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>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>794X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 May 6, 1950, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 9:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. O. Schroeder, M.D.</u>		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>5/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>5/6/50</u>		REGISTRAR'S SIGNATURE <u>Baseline Dutcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shaner-Cremer Co. Liberty, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

MAY 15

District Health Officer No. 8,

District File Number

Date Filed

5/16/58

SEP 9 1952

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.....

*John Lombard*

Licensed Embalmer No. 4448

P. O. Address Liberty 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.