

No. 300
10. 48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17929

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>City of St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington RURAL</u>	c. LENGTH OF STAY (In this place) <u>24 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural give location) <u>5951 Washington Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLARICE</u>	b. (Middle) <u>HARRIET</u>	c. (Last) <u>KING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 15, 1873</u>	9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>

13a. FATHER'S NAME <u>Charles C. Hollow</u>	13b. MOTHER'S MAIDEN NAME <u>Schultz</u>	14. NAME OF HUSBAND OR WIFE <u>Richard L. King</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Coronary thrombosis - - - - - instantaneous</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>Years</u>
	DUE TO (b) <u>Coronary Sclerosis - - - - -</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Fractured left hip, since 4-10-50.</u>		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 <input type="checkbox"/> NO <input checked="" 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>Hospital ward</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmington St. Francois Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 10, 1950 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in shower room while bathing.</u>
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22. I hereby certify that I attended the deceased from Nov. 1, 1946 to May 18, 1950 that I last saw the deceased alive on May 18, 1950, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Philip Brennan M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington</u>	23c. DATE SIGNED <u>Mo. 5-18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>May 20, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Creamatory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 20, 1950</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> <u>289</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home, Farmington, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 3 1950

HEALTH OFFICE No. 1
No. 650-775

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *CH Cozen*

Licensed Embalmer No. *4084*

P. O. Address *Farmington, 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.