

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19795

BIRTH NO. 48111-50 REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEASBURG "RURAL" LIBERTY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEASBURG "RURAL" LIBERTY</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u>	b. (Middle)	c. (Last) <u>KING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 27-1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>6-27-1950</u>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>LEASBURG MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DOCK KING</u>	13b. MOTHER'S MAIDEN NAME <u>NANIE RAY</u>	14. NAME OF HUSBAND OR-WIFE <u>[Signature]</u>	
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>DOCK KING</u> ADDRESS <u>[Signature]</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</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.		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>[Signature]</u>	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 27, 1950</u> , to <u>June 27, 1950</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Elders, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cuba, Mo</u>	23c. DATE SIGNED <u>6-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROSS ROAD</u>	24d. LOCATION (City, town, or county) (State) <u>LEASBURG, MO</u>
DATE REC'D BY LOCAL REG. <u>6-28-1950</u>	REGISTRAR'S SIGNATURE <u>W. C. Davis Dep. Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Osborne, MO</u>	

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

RECEIVED JUL 5 1950  
District Health Officer No. 9  
District File Number

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 \_\_\_\_\_

*Body Not Embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed *Norman C. Haener*

Signed .....  
Student Embalmer

Licensed Embalmer No. *H. 73*

P. O. Address *Cuba, Missouri*

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.