

FILED JUN 26 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 83

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5458

0390
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u>	
c. LENGTH OF STAY (In this place) <u>50 Yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Evelyn</u> b. (Middle) <u>Anderson</u> c. (Last) <u>King</u>			4. DATE OF DEATH <u>June 9, 1950</u> (Month) (Day) (Year)		
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>January 7, 1850</u>	9. AGE (In years last birthday) <u>100</u>	10. <u>5</u> MONTHS <u>2</u> YEARS <u>5</u> HOURS <u>2</u> MIN.
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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall Co., Tenn.</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Sidney Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Young King</u>	14. NAME OF HUSBAND OR WIFE <u>L. Y. King (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Page, Walnut Grove, Mo.</u> ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> <u>3 YRS.</u> <u>522X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic PNEUMONIA</u>		
	ANTECEDENT CAUSES <u>DUED TO (b) FRACTURED hip</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>DUED TO (c)</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 JAN. 1, 1950, to 6/9, 1950, that I last saw the deceased alive on 6/9, 1950, and that death occurred at 8:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. Davis D.O.</u> (Degree or title) _____	23b. ADDRESS <u>Walnut Grove Mo</u>	23c. DATE SIGNED <u>6/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Walnut Grove, Mo.</u>

DATE REC'D BY LOCAL REG. <u>6/21/50</u>	REGISTRAR'S SIGNATURE <u>Drew G. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prim's Funeral Service</u> ADDRESS <u>Walnut Grove, Mo.</u>
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RECEIVED

Greene County Health Office

County File Number 50-6-36

Date Filed 6-22-50

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.

Signed *William P. [Signature]*

Signed _____
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address *[Signature]*

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.