

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31302

State File No.

FILED SEP 25 1950

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 126

812

0812

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rolla | | c. CITY (If outside corporate limits, write RURAL and give township) Rolla | |
| c. LENGTH OF STAY (in this place) 39 years | | d. STREET ADDRESS (If rural, give location) 1000 Olive St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) VERNA b. (Middle) LEE c. (Last) KING | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1950 | | |
|---|--|--|--|--|--|

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|----------------------|-------------------------------|---|---------------------------------------|---|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Sept. 9, 1877 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months 11 Days 27 | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|--|--|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (State or foreign country) Licking, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
|--|--|--|--|

| | | |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME James Polk | 13b. MOTHER'S MAIDEN NAME Rebecca Ann Agee | 14. NAME OF HUSBAND OR WIFE Fred C. King |
|--------------------------------------|---|---|

| | | | |
|---|-------------------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Fred C. King | ADDRESS 1000 Olive St. Rolla, Mo. |
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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 6 mo. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic ca of lung (st) | | |
| | 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. primary ca of cervix 70 yrs ago | | 171X | |

| | | |
|------------------------|----------------------------------|---|
| 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) m. | 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 past 6 months, 1950, to _____, 19____, that I last saw the deceased alive on 9-6, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | |
|-----------------------------------|-------------------|---------------------------------------|---------------------------------|
| 23a. SIGNATURE E. E. Feind | (Degree or title) | 23b. ADDRESS Box 534 Rolla mo. | 23c. DATE SIGNED 9-12-50 |
|-----------------------------------|-------------------|---------------------------------------|---------------------------------|

| | | | |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept. 7, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Boonecreek | 24d. LOCATION (City, town, or county) (State) Licking, Missouri |
|---|--------------------------------|--|--|

| | | | |
|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. 9-12-50 | REGISTRAR'S SIGNATURE Nadine L. Stoeck | 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hallen | ADDRESS Rolla, Missouri |
|---|---|--|--------------------------------|

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed SEP 18 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 _____

Jerry D. Doane

Student Embalmer No. 382

working under my personal supervision

Student

Jerry D. Doane
Student Embalmer

Signed

J. H. Wallace
Licensed Embalmer No. 3643

P. O. Address Reelen, 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.