

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, R. Centerview, Twp</u>	
c. LENGTH OF STAY (In this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 2 Holden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Larman</u>	c. (Last) <u>King</u>
4. DATE OF DEATH	(Month) <u>October</u>	(Day) <u>15</u>	(Year) <u>1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec. 4, 1882</u>
9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Centerview, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William C. King</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Elba Taggart</u>	14. NAME OF HUSBAND OR WIFE <u>not married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no XXXX</u>	16. SOCIAL SECURITY NO. <u>483-14-8154</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ira Bradshaw, Holden, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
19a. DATE OF OPERATION <u>10-10-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Gall Bladder (for advanced)</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)	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 <u>Aug 15, 1950</u> to <u>10-15, 1950</u> , that I last saw the deceased alive on <u>10-15, 1950</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Lee Cooper, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Warrensburg</u>	23c. DATE SIGNED <u>10-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct. 19, 1950</u>	REGISTRAR'S SIGNATURE <u>Savannah Antel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday &amp; Ropp,</u>	ADDRESS <u>Holden, Missouri</u>

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

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RECEIVED  
SEP 24 1950  
RECEIVED  
JOHNSON COUNTY HEALTH DEPT.

**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 M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.