

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34126

State File No.

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>349</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u>		<u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>SEMINARY ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>RANDALL</u>		a. (First) <u>CHARLES</u>		b. (Middle) <u>KING</u>		c. (Last)	
4. DATE OF DEATH <u>SEPT. 23, 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>AUG. 2, 1950</u>		9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DON R. KING</u>		13b. MOTHER'S MAIDEN NAME <u>JENNETTE WEISENBORN</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DON R. KING,</u>		ADDRESS <u>PARIS, Mo.</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>Hypoadrenism</u> ANTECEDENT CAUSES <u>Primaturity</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUKE TO (c) Anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Relapsing Acetosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Since birth</u> <u>274X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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>Sept 20, 1950</u> , to <u>Sept. 23, 1950</u> , that I last saw the deceased alive on <u>Sept. 29, 1950</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Samuel B. Landon</u>				23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>10-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ORAWOOD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MACON, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-13-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Tucker By McFisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey,</u>		ADDRESS <u>PARIS, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 19 1950
MORGAN CO. HEALTH DEPT.
FILE FILED OCT 20 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.