

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36037**
Registrar's No. **488**

FILED DEC 13 1950

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **4002**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) Bolekow		c. CITY (If outside corporate limits, write RURAL and give township) Bolekow	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) E.	c. (Last) KING	4. DATE OF DEATH (Month) (Day) (Year) Dec 3 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4-16-1865	9. AGE (In years last birthday) 85	if UNDER 1 YEAR Months 7 Days 15	if UNDER 2 wks. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ottowa Co. Mich.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Stephen King	13b. MOTHER'S MAIDEN NAME Charolere Lewis	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Lucia E. Randall	ADDRESS Savannah 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		197X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10-27**, 19**48**, to **12-3**, 19**50**, that I last saw the deceased alive on **11-22**, 19**50**, and that death occurred at **820 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert B. Kelly	(Degree or title)	23b. ADDRESS Savannah Mo.	23c. DATE SIGNED 12-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-6-1950	24c. NAME OF CEMETERY OR CREMATORY Bolekow	24d. LOCATION (City, town, or county) (State) Bolekow, MO.
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DATE REC'D. BY LOCAL REG. 12-5-50	REGISTRAR'S SIGNATURE Lillian Sparks	25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home	ADDRESS Savannah
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0220

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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 E. C. Breit

Signed _____
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Savannah 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.