

FILED NOV 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38049

BIRTH NO. 67317-50 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 130

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

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon	
c. LENGTH OF STAY (in this place) 16 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Tommy b. (Middle) Eugene c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) 11 12 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 10/22/1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR 0 Months IF UNDER 1 YEAR 20 Days IF UNDER 24 HRS. 0 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Dixon, Missouri	
13a. FATHER'S NAME William King		13b. MOTHER'S MAIDEN NAME Dorothy Jones		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. William King, Dixon, Missouri	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALNUTRITION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INABILITY TO ASSIMILATE FOOD DUE TO (c) PREMATURITY (26 weeks intrauterine)		INTERVAL BETWEEN ONSET AND DEATH 20 days 20 days 20 days	
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)		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 Oct 22, 1950, to Nov 18, 1950, that I last saw the deceased alive on Nov 12, 1950, and that death occurred at 9:35 PM., from the causes and on the date stated above.

23a. SIGNATURE Dorothy Jones		23b. ADDRESS Dixon, Mo.		23c. DATE SIGNED 11/13/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/13/1950		24c. NAME OF CEMETERY OR CREMATORY Marshfield	
24d. LOCATION (City, town, or county) (State) Marshfield, Missouri		24e. NAME OF CEMETERY OR CREMATORY Marshfield		24f. LOCATION (City, town, or county) (State) Marshfield, Missouri	

DATE REC'D BY LOCAL REG. 11-16-50		REGISTRAR'S SIGNATURE Thelma C. Buckthorpe		25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri	
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(Licensed Embalmers' Statement on Reverse Side)

RECEIVED 11-16-50
Pulaski County Health Officer
File Number
Date Filed 11-16-50

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 _____

Nov 12, 1950

working under my personal supervision.

Student Embalmer No.....

Signed.....

Paul H. Giebert

Signed.....

Student Embalmer

Licensed Embalmer No. *2341*

P. O. Address Dixon, 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.