

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39700

State File No. _____

DIED JAN 4 1951

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3005		Registrar's No. 348	
1. PLACE OF DEATH a. COUNTY <u>ADAIR.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>411-SOUTH HIGH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-411-South High</u>				d. STREET ADDRESS (If rural, give location) <u>411-SOUTH HIGH</u>			
3. NAME OF DECEASED a. (First) <u>NANCY</u>			b. (Middle) <u>P.</u>		c. (Last) <u>KING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 11 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED, WIDOWED, SEPARATED (Specify) <u>2 1</u>		8. DATE OF BIRTH <u>OCT. 22 1970</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u> <u>SULLIVAN</u>	
13a. FATHER'S NAME <u>A.J. GRAY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY SEACOTT</u>		14. NAME OF HUSBAND OR WIFE <u>EDD. KING.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs June Gregory Kirkville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incompetence of old age</u>		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. <u>794X</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.							
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 <u>Jan 1</u> , 19 <u>50</u> , to <u>Dec 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-11</u> , 19 <u>50</u> , and that death occurred at <u>5:05 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. Martin M.D.</u>				23b. ADDRESS <u>Kirkville, Mo</u>		23c. DATE SIGNED <u>12-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ASBURY</u>		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-21-50</u>		REGISTRAR'S SIGNATURE <u>Irene Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home, Kirksville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Received: DEC 27 1950
DISTRICT HEALTH OFFICE #
District File Number 12-50-
Date Filed: DEC 28 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Gran Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton, Md.*

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.