

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 21 1950
REG.# 88842

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3018

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF BRKS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>326 Southwest 9th St., 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETS ADMIN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>KING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 12, 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>1-14-87</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired porter</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY <u>—</u>	

13a. FATHER'S NAME <u>CALVIN KING</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES FORSTER</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</u> ADDRESS <u>—</u>	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CARCINOMA OF LUNG</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		DUE TO (c) <u>—</u>					

19a. DATE OF OPERATION <u>10-4-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>BIOPSY OF CERVICAL NODE—METASTATIC CARCINOMA</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>VA</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>163X</u>			

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>—</u>			
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22. I hereby certify that I attended the deceased from 10-2-50, 1950, to 12-12-50, 1950, and that death occurred at 9:00P m., from the causes and on the date stated above.

22a. SIGNATURE OF PHYSICIAN <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS. MO.</u>		23c. DATE SIGNED <u>12-13-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>12/15/50 or removal</u>		24b. DATE <u>12/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12/14/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GATES FUNERAL-HOME, St. Louis, Mo.</u>			
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MAR 13 1961
ST. ALB

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 John K Cunningham

Signed.....
Student Embalmer:

Licensed Embalmer No. 4476

P. O. Address 4107 Finney

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.