.S. No: 300
EV. 10-48

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1971

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3046 Registrar's No. 31

0742
0

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hopkins
d. STREET ADDRESS (If rural, give location): 0740 0

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): 1-28-1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 4-17-1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wahoo-Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Will Arthur
13b. MOTHER'S MAIDEN NAME: Mary Dillon
14. NAME OF HUSBAND OR WIFE: Sam King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Sam King - Hopkins - Mo -

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: Several yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c): 4222

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: acute suppression of urine from failing heart — 3 days

19a. DATE OF OPERATION: 1/23/51
19b. MAJOR FINDINGS OF OPERATION: No major findings
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1951, *to* 1/28, 1951, *that I last saw the deceased alive on* 1/28, 1951, *and that death occurred at* 7:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. W. Kirk M.D.O.
23b. ADDRESS: Hopkins
23c. DATE SIGNED: 1/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-31-1951
24c. NAME OF CEMETERY OR CREMATORY: Hopkins Cemetery
24d. LOCATION (City, town, or county): Hopkins (State): Mo.

DATE REC'D BY LOCAL REG.: 2-3-51
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: G. M. Atchison Maryville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
5 651
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville 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.