

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4029

4029

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5167 Registrar's No. 68

0140
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</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) <u>RURAL, Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty TOWNSHIP</u>	
c. LENGTH OF STAY (In this place) <u>45 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>HATTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty TOWNSHIP</u>			

3. NAME OF DECEASED (Type or Print) <u>E. Reid</u>	a. (First)	b. (Middle) <u>Reid</u>	c. (Last) <u>KING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 2 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 9-1868</u>	9. AGE (In years last birthday) Months Days <u>82 8 23</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN V. KING</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA SLAUGHTER</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA SEBASTIAN</u>
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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 ADDRESS <u>J. H. King, Fulton, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease</u>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 _____, 1945, to March 2, 1951, that I last saw the deceased alive on March 1, 1951, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. H. Dorman, M.D.</u>	23b. ADDRESS <u>Anytown Mo</u>	23c. DATE SIGNED <u>3-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CONCORD</u>	24d. LOCATION (City, town, or county) (State) <u>CALLAWAY CO. MO</u>
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DATE REC'D BY LOCAL REG. <u>Mar-10-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>	ADDRESS <u>Fulton, Mo.</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 12 1951

RECEIVED

APR 5 1956

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 *Walter J. Haines, Jr.*

Licensed Embalmer No. *4557*

P. O. Address *Fulton, 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.