

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12418

State File No.

| | | | | | | | | | |
|---|--|--|--|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>141</u> | | PRIMARY REG. DIST. NO. <u>5551</u> | | Registrar's No. <u>41</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | | | | |
| b. CITY OR TOWN <u>West Plains</u> (If outside corporate limits, write RURAL and give township) | | c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u> | | c. CITY OR TOWN <u>West Plains</u> (If outside corporate limits, write RURAL and give township) | | d. STREET ADDRESS (If rural, give location) <u>RT 2</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>RT 2</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>Jerry</u> c. (Last) <u>King</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-51</u> | | | | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | | 8. DATE OF BIRTH <u>4-18-1873</u> | | | |
| 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | | | |
| 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 _____ | | 11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Asher King</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lucy King</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> | | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lucy King West Plains Mo</u> | | ADDRESS _____ | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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. | | | | | |
| 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) <u>177X</u> | | | | | |
| 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>4-25</u> , 19 <u>50</u> , to <u>3-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>51</u> , and that death occurred at <u>3:20</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>J. Callahan M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>West Plains, Mo.</u> | | 23c. DATE SIGNED <u>4/4/51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | | 24b. DATE <u>3/30-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u> | | 24d. LOCATION (City, town, or county) (State) <u>Peace Valley Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-4-51</u> | | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains Mo</u> | | ADDRESS _____ | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 7 1951

Dist. File 551-98B

Date Filed 5-8-51

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 A. A. Roberts

Licensed Embalmer No. 3437

P. O. Address West Thurston

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.