

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No.

3376

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan 0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Baptist Hospital		d. STREET ADDRESS (If rural, give location) 163 Virginia 1	
3. NAME OF DECEASED (Type or Print) a. (First) Clark b. (Middle) Richard c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) April 10, 1951
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH April 4, 1915
9. AGE (In years last birthday) 36		9. AGE (In years last birthday) 36	9. AGE (In years last birthday) 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Butts, Missouri U
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Kay King	
13b. MOTHER'S MAIDEN NAME Etta Randsome		14. NAME OF HUSBAND OR WIFE Alta 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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Alta King, Sullivan, Missouri		17. INFORMANT'S SIGNATURE OR NAME Alta King, Sullivan, Missouri	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiovascular renal dis.</i> 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"/>		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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? K#2X		21f. HOW DID INJURY OCCUR? K#2X	
22. I hereby certify that I attended the deceased from April 8, 1951, to April 10, 1951, that I last saw the deceased alive on April 10, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>Benjamin G. Jolly MD</i>		23b. ADDRESS 16 Hampton Village St. Louis	
23c. DATE SIGNED 4/10/51		23c. DATE SIGNED 4/10/51	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 4-10-51	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Sullivan, Missouri	
DATE REC'D BY LOCAL REG. APR 10 1951		REGISTRAR'S SIGNATURE <i>J. B. Rooster</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington	

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

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

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.