

No. 300  
10.48

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19351

0043  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> <u>0043</u>	
c. LENGTH OF STAY (In this place) <u>1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>717 EAST MONADE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Co Hosp.</u>			
3. NAME OF DECEASED (Type or Print) <u>ESTHER HARRISON KING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29-1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 15-1893</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>CENTRALIA, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John F. HARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BELL CROCKETT</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>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>WARD KING</u> ADDRESS <u>MEXICO, MO</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Pyelitis</u> DUE TO (c) <u>Branchial infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma + enlarged Gall Bladder</u>	
19a. DATE OF OPERATION <u>6/29/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cardiovascular Renal disease.</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	
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>May 26, 1951</u> , to <u>June 29, 1951</u> , that I last saw the deceased alive on <u>June 29, 1951</u> , and that death occurred at <u>8:10 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. O.</u> (Degree or title)		23b. ADDRESS <u>Mexico Mo</u>	
23c. DATE SIGNED <u>6/29/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-2-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD Com.</u>		24d. LOCATION (City, town, or county) (State) <u>MEXICO, MO.</u>	
DATE REC'D BY LOCAL REG. <u>June 30-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u>		ADDRESS <u>Mexico Mo</u>	

Date Received: JUL 3 1951  
DISTRICT HEALTH OFFICE #2  
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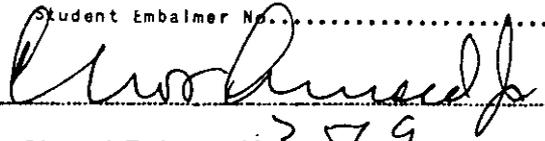
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3569

Signed.....  
Student Embalmer

P. O. Address *Maria M*

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.