

FILED JUL 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19701**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **46**

**1. PLACE OF DEATH**

a. COUNTY **Clay**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Liberty Rural**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **R21**

**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)**

a. STATE **Mo.** b. COUNTY **Clay**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Liberty Rural** **1240**

d. STREET ADDRESS (If rural, give location) **R21** **0**

**3. NAME OF DECEASED**

a. (First) **Minnie** b. (Middle) **Gertrude** c. (Last) **King**

4. DATE OF DEATH (Month) (Day) (Year) **June 16 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept 15 1876** 9. AGE (in years last birthday) **74** If under 1 year: Months Days If under 1 mo. 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 **Gen House Work**

11. BIRTHPLACE (State or foreign country) **Clay Co., Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Michel A. Groom** 13b. MOTHER'S MAIDEN NAME **Emma Adkins** 14. NAME OF HUSBAND OR WIFE **Charles A 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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Charles A King Jr.** ADDRESS **Liberty Mo**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** **Carcinoma Esoph**

**INTERVAL BETWEEN ONSET AND DEATH** **7 yrs**

**ANTECEDENT CAUSES**  
Morbidity conditions, if any, giving DUE TO (b) \_\_\_\_\_  
rise to the above cause (a) stating the underlying cause last.

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  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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **March 1940** to **June 15, 1957**, that I last saw the deceased alive on **June 17, 1951**, and that death occurred at **4:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE **Henry W. Anderson MD** (Degree or title) 23b. ADDRESS **Liberty, Mo** 23c. DATE SIGNED **6/26/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 18-1951** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Moriah MEMORIAL** 24d. LOCATION (City, town, or county) (State) **In Liberty Mo.**

DATE REC'D BY LOCAL REG. **June 30-1951** REGISTRAR'S SIGNATURE **Minnie Hayes** 25. FUNERAL DIRECTOR'S SIGNATURE **Leonard Fry** ADDRESS **Kearney Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

1240  
1



**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 Leonard Fry .....

Licensed Embalmer No. 1677 .....

P. O. Address Kearney, 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.