

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26709**

FILED SEP 15 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>4225</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY HOLT				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY HOLT			
b. CITY (If outside corporate limits, write RURAL and give township) OREGON		c. LENGTH OF STAY (in this place) 50 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE		b. (Middle) WESLEY		c. (Last) KINGG		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 2 1951	
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUGUST 29, 1874	
9. AGE (to years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) OREGON, MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WESLEY KING		13b. MOTHER'S MAIDEN NAME SOPHIE GLENN		14. NAME OF HUSBAND OR WIFE JPSIE BERREB KING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HUGH PENNEL OREGON, MISSOURI			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH.				INTERVAL BETWEEN ONSET AND DEATH 12 Mo.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 151X				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)			
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?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1951</u> , to <u>9-2, 1951</u> , that I last saw the deceased alive on <u>8-27, 1951</u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. E. Calbin D.O.				23b. ADDRESS Oregon, Mo.		23c. DATE SIGNED 9-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE SEPT. 4, 1951		24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE		24d. LOCATION (City, town, or county) (State) OREGON, MISSOURI	
DATE REC'D BY LOCAL REG. Sept 4-1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pittjohn		ADDRESS Oregon Mo.	



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 James H. Pettijohn
Licensed Embalmer No. 3192

P. O. Address Oregon 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.