

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29931**

FILED OCT 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>5432</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Crawford			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meramec Township		c. LENGTH OF STAY (in this place) <i>Passing through</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba, Mo		0211	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan rural				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Champ b. (Middle) Lovelle c. (Last) King			4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 51				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-18-14	9. AGE (In years, months, days) 37	10. IF UNDER 1 YEAR Hours 6 Min. 7		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Fireman Steel Foundry			10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry		11. BIRTHPLACE (State or foreign country) Farber, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry King		13b. MOTHER'S MAIDEN NAME Elsie Davis		14. NAME OF HUSBAND OR WIFE Anne King			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY # 334-09-5923		17. INFORMANT'S SIGNATURE OR NAME Anne King		ADDRESS Cuba Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident Fractured Skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Head on collision with Tractor Trailer driven by Norman Neagle of Summerville, Mo. DUE TO (c) Accident occurred one and one tenth mile east of Sullivan on HWY 66 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH sudden 8/6/51
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 036			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Meramec TWP		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Meramec TWP Franklin Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 25-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident			
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thos. P. Shaffer Coroner 3				23b. ADDRESS Sullivan, Mo.		23c. DATE SIGNED 9-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-27-51	24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery		24d. LOCATION (City, town, or county) (State) Cuba, Missouri		
DATE REC'D BY LOCAL REG. 9-26-51		REGISTRAR'S SIGNATURE Ch. Proctor		25. FUNERAL DIRECTOR'S SIGNATURE Norman C. Halton		ADDRESS Cuba, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

0360

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 3 1951

RECEIVED

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

Harmon C. Hoese

Licensed Embalmer No. *4673*

P. O. Address *Cuba, 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.