

STANDARD CERTIFICATE OF DEATH

30819

State File No. ....

621

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

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN</u> <u>0621</u>	
c. LENGTH OF STAY (in this place) <u>62 years</u>		d. STREET ADDRESS (If rural, give location) <u>614 West Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 West Main</u>			
3. NAME OF DECEASED a. (First) <u>LEWIS</u> b. (Middle) <u>HUBERT</u> c. (Last) <u>KING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 3, 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 22, 1889</u>
9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Madison County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ROBERT KING</u>	13b. MOTHER'S MAIDEN NAME <u>VIOLA ARNETT</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH KING</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>YES World War I</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDITH KING, FREDERICKTOWN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal insufficiency with rupture of perforation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>acute indigestion with</u> DUE TO (c) <u>paralytic vomiting</u> II. OTHER SIGNIFICANT CONDITIONS <u>3 hrs.</u> CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410 X</u>	
19c. 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) m.	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>Last year</u> , to <u>9-3-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-3</u> , 19 <u>51</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. Slaughter M.D.</u>		23b. ADDRESS <u>135 W Main</u>	23c. DATE SIGNED <u>9-27-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN, MO.</u>
DATE REC'D BY LOCAL REG. <u>9-27-1951</u>	REGISTRAR'S SIGNATURE <u>Florence Becker</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Sajim, Jr. Fredericktown, Mo.</u>	

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
OCT 5 - 1951  
RECEIVED

FILE NO. 1057-49

NOV 13 1951

11:00 AM  
ACM

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 William B. O'Connor

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.