

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31243**

1942

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Flat River Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>121 Glendale</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. James</u> b. (Middle) <u>Frank</u> c. (Last) <u>King</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25 1951</u>	
5. SEX <u>Male D</u>	6. COLOR OR RACE <u>White-Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>April 22-1885</u>
9. AGE (In years last birthday) <u>66-5-3</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR? Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief - Mill repurifier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Brunot Mo. Madison Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Mr. George W. King</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stephens</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Wilson C.</u>			
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. <u>497-03-0724</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Orville King (son)</u>		ADDRESS <u>Flat River, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
19. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive vascular disease</u>			
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 <u>331X</u>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1951</u> , to <u>Sept 25, 1951</u> , that I last saw the deceased alive on <u>Sept 25, 1951</u> , and that death occurred at <u>10:42</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Wesloge, Mo.</u>	
23c. DATE SIGNED <u>9-25-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 28 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Parkview cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jarvisonton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>		ADDRESS <u>303 Crane St. Flat River, Mo.</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Craun St. 2nd Fl. Quincy, 7

Notes: 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.