

FILED NOV 5 1951

STANDARD CERTIFICATE OF DEATH

32907
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>5270</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL "LINCOLN"</u>)		c. LENGTH OF STAY (in this place) <u>2 1/2 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" LINCOLN (5270)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT.#1, CLEVER</u>				d. STREET ADDRESS (If rural, give location) <u>RT.#1, CLEVER</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GARY</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>KING</u>	
4. DATE OF DEATH		(Month) <u>OCT.</u>		(Day) <u>19</u>		(Year) <u>1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL 1-1949</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD - MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>CLINTON KING</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE MERRITT</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CLINTON KING, RT.#1, CLEVER, MO.</u>				ADDRESS _____			
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>DROWNING</u>		INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>FALLING IN MILK COOLER (BARREL)</u>					
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death.		<u>E9291</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LINCOLN CHRISTIAN MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>OCT. 19-1951 6:00 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>REACHED INTO BARREL TO GET A TOY.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Harris</u>				(Degree or title) <u>Coroner Christian Co.</u>		23b. ADDRESS <u>Clever, Mo.</u>	
23c. DATE SIGNED <u>OCT. 19-1951</u>		23d. BIRTHPLACE (State or foreign country) _____		23e. CITIZEN OF WHAT COUNTRY? _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 21-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRAZIER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 20, 1951</u>		REGISTRAR'S SIGNATURE <u>Arlene Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Harris</u>		ADDRESS <u>Clever, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 2 1951

Dist. File 1157-1934

Date Filed 11-3-51

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.