

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38073**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY <b>McDONALD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>McDONALD</b>	
b. CITY OR TOWN <b>PINEVILLE</b>		c. CITY OR TOWN <b>PINEVILLE</b> <b>0600</b>	
c. LENGTH OF STAY (in this place) <b>6 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOIS</b> b. (Middle) <b>CECIL</b> c. (Last) <b>KING.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-9-51</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	
8. DATE OF BIRTH <b>9-4-1886</b>		9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR <b>1</b> IF UNDER 1 MONTH <b>5</b> IF UNDER 1 HOUR <b>5</b> IF UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>		11. BIRTHPLACE (State or foreign country) <b>PINEVILLE-MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>HENRY-PRATER</b>		13b. MOTHER'S MAIDEN NAME <b>RHODA-WILSON</b>		14. NAME OF HUSBAND OR WIFE <b>SPENCER-KING.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME _____ 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angiatic Heart</b> ANTECEDENT CAUSES <b>Cholelithiasis ac.</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. --- DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>3dy.</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>585X</b>		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)		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 **10-6** 1951, to **10-9** 1951, that I last saw the deceased alive on **10/19** 1951, and that death occurred at **6:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Scott Swartz D.D.</b> (Degree or title)		23b. ADDRESS <b>Pinwell Mo</b>		23c. DATE SIGNED <b>10/13/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-12-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PINEVILLE</b>		24d. LOCATION (City, town, or county) (State) <b>PINEVILLE, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>10-13-51</b>		REGISTRAR'S SIGNATURE <b>423</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. M. Humphrey</b> ADDRESS <b>Pinville Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1600  
1

Date Filed 11-11-37  
Date File 11-1-37  
RECORDED NOV 27 1937  
District No. 5 - Springfield  
DIVISION OF HEALTH OF 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 J. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.