

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route # 1-Rolla - Rural 1870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1, Rolla</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orlan</u>		c. (Last) <u>King</u>	
b. (Middle) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>November 9 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. 7, 1886</u>
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 1 HR. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Huntington Indiana</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lothlin King</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Trowbridge</u>		14. NAME OF HUSBAND OR WIFE <u>Edna E. King</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>600-12-6790</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna E. King</u>		ADDRESS <u>Route #1 Rolla, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall Bladder</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION <u>about 10-20-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>ca of G. B.</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) <u>155X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>10-1</u> , <u>1951</u> , to <u>11-9</u> , <u>1951</u> , that I last saw the deceased alive on <u>11-9</u> , <u>1951</u> , and that death occurred at <u>8:55a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Feind mid</u>		23b. ADDRESS <u>Rolla mo.</u>	
23c. DATE SIGNED <u>11-14-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wishon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Phelps County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 14, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Rolla, Mo.</u>	

RECEIVED 11-19-51
Phelps County Health Officer,
County File Number _____
Date Filed 11-19-51

NOV 29 1951

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.....
Student Embalmer

Signed

R. Howard Peterson

Licensed Embalmer No. 4697

P. O. Address Osola, 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.