

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **443**

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **2008** Registrar's No. **42**

0143
2

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

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novelty	
c. LENGTH OF STAY (in this place) 107, 12m 8d		d. STREET ADDRESS (If rural, give location) TR # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Jane c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) Feb 3 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3 June, 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Wm Leekbee		13b. MOTHER'S MAIDEN NAME Effie Beeler		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hospital Records Fulton, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Pneumonia			
		DUE TO (c) Fracture Left Femur			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 19 Jan 1952		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hospital No. 1		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton 197 Calloway Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 10 1952 7A^m		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR It fell E 9039 Jif		

22. I hereby certify that I attended the deceased from **1 July 1942**, to **3 Feb 1952**, that I last saw the deceased alive on **3 Feb 1952**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Miller Jr. M.D.		23b. ADDRESS Fulton, Mo		23c. DATE SIGNED 3 Feb 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Feb. 6 - 1952		24c. NAME OF CEMETERY OR CREMATORY St. Edina	
24d. LOCATION (City, town, or county) (State) Mo					

DATE REC'D BY LOCAL REG. Feb 4 - 1952		REGISTRAR'S SIGNATURE Martha Lawrence 426-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hallece Funeral Home Fulton, 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 Dennis B. Downing

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.