

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4120**  
Registrar's No. **85**

0124  
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FILED MAR 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>one year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Providence - Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0120</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle)	c. (Last) <u>King</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 17 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cal.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>6-11-1891</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR: Months <u>8</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George King</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Hotfeary</u>	14. NAME OF HUSBAND OR WIFE <u>Addie King</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Addie King - Poplar Bluff Mo.</u>			
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis -</u> DUE TO (c) <u>Hypertensive Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>28 Dec</u> , 19 <u>52</u> , to <u>17 Feb</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8 Feb</u> , 19 <u>52</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. H. Johnson</u>			23b. ADDRESS <u>921 Oak St Poplar Bluff Mo</u>		23c. DATE SIGNED <u>12 Feb 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morrocco</u>	24d. LOCATION (City, town or county) (State) <u>Morrocco, Butler Co, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb 22/1952</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Fred J. Smith - Silkeston, Mo.</u>		

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

RECEIVED  
MAR 4 - 1952

BUTLER CO. HEALTH CENTER

FILE No. 352-112

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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

*Fred J. Smith*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4408

P. O. Address Liketon, 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.