

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

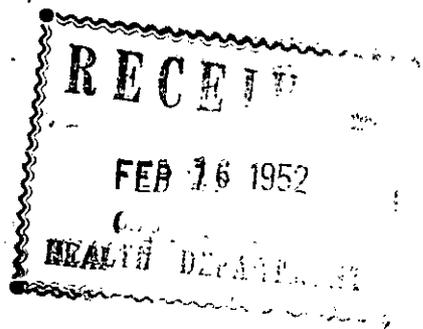
State File No. 4249
23

FILED FEB 20 1952

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4099</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Mo.</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Mo.</u> <u>0190</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>939 Olive</u>				d. STREET ADDRESS (If rural, give location) <u>939 Olive</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIE</u> b. (Middle) <u>WHITMAN</u> c. (Last) <u>KING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-1952</u>						
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1-17-1898</u>		9. AGE (In years last birthday) <u>54</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laying pipe lines</u>		11. BIRTHPLACE (State or foreign country) <u>Grain Valley, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		
13a. FATHER'S NAME <u>SAMUEL KING</u>			13b. MOTHER'S MAIDEN NAME <u>CORA KING</u>			14. NAME OF HUSBAND OR WIFE <u>CLARA 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>196-01-1939</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora King Pleasant Hill, 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, asthma, etc. It means the disease, injury, or complication which caused death.									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Idiopathic asthma</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cor pulmonale</u>								<u>1 yr.</u>	
DUE TO (c) <u>Cerebral hemorrhage</u>								<u>12 hr.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241X</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)				
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>June 3, 1947</u> , to <u>Feb. 8, 1952</u> , that I last saw the deceased alive on <u>Feb. 8, 1952</u> , and that death occurred at <u>2:50A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Allen Brounfeld</u>				(Degree or title) <u>0</u>		23b. ADDRESS <u>Pleasant Hill, Mo</u>		23c. DATE SIGNED <u>2-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Yates Center Ceme</u>			24d. LOCATION (City, town, or county) (State) <u>Yates Center Kansas</u>		
DATE REC'D BY LOCAL REG. <u>Feb 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>			457-9		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen Brounfeld</u>		

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

1951 6



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 William L. Anderson

Signed.....
Student Embalmer

Licensed Embalmer No. 4674

P. O. Address Pleasant Hill, 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.