No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3173 State File No. 15580

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 145

105

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XX 508 Lyons St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BOONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA 0105
d. STREET ADDRESS (If rural, give location): 508 LYONS ST 0

3. NAME OF DECEASED (Type or Print)
a. (First): NATHAN
b. (Middle): ANDREW
c. (Last): KING

4. DATE OF DEATH (Month) (Day) (Year): MAY 31 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG. 28 1881
9. AGE (In years last birthday): 70 — If under 1 year: Months 9, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CALLAWAY CO MO 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: M. L. KING
13b. MOTHER'S MAIDEN NAME: BETTY MTJOY KING
14. NAME OF ~~HUSBAND~~ OR WIFE: PATRICIA UNICE KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XX NO
(If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: HELEN HALBE**UNA SCHANUTH
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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — 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) Arteriosclerotic heart disease
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:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 27, 1952, *to* May 31, 1952, *that I last saw the deceased alive on* May 30, 1952, *and that death occurred at* 1:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: LeRoy J. Miller
(Degree or title): M.D.
23b. ADDRESS: Guitar Bldg Columbia
23c. DATE SIGNED: 31 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 1st 52
24c. NAME OF CEMETERY OR CREMATORY: WHITE CLOUD
24d. LOCATION (City, town, or county) (State): CALLAWAY CO MO

DATE REC'D BY LOCAL REG.: May 31, 1952
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31-0
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Columbia

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1952

JUN 9 1952

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, [redacted] .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Lyman W. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.