

STANDARD CERTIFICATE OF DEATH

State File No. 17574
Registrar's No. 127

JUN 2 1952

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Whitaker Hospital		d. STREET ADDRESS (If rural, give location) 407 West Rollins Street	

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Elizabeth c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) 5/23/52			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 5/17/1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Hall		13b. MOTHER'S MAIDEN NAME Catherine Johns		14. NAME OF HUSBAND OR WIFE Edward Ewing King	
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 ADDRESS Mrs. A.H. Yager Waterloo, Iowa	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days at least. 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis		
	DUE TO (c) Senility		
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 331X		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) (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 **Nov. 1950**, to **May 23, 1952**; that I last saw the deceased alive on **May 23, 1952**, and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Minnie R. Campbell D.O. (Degree or title)		23b. ADDRESS 2055 Fifth St. Moberly Mo		23c. DATE SIGNED 5-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/25/52		24c. NAME OF CEMETERY OR CREMATORY Bethel	
24d. LOCATION (City, town, or county) (State) Holliday Missouri					

DATE REC'D BY LOCAL REG. 5/25/52		REGISTRAR'S SIGNATURE Paul Sullivan		FEDERAL DIRECTOR'S SIGNATURE Marion E. Mellison		ADDRESS Moberly, Mo.	
---	--	--	--	--	--	-----------------------------	--

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

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 Marion E. Gilliam

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.