

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23694

FILED JUL 21 1952

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 743	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 16 yrs.		c. CITY OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital				d. STREET ADDRESS (If rural, give location) 1212 South 6th, Street			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Benton c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) July 6, 1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 20, 1885	
				9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (State or foreign country) Doniphan County, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel F. King			13b. MOTHER'S MAIDEN NAME Rachel M. Shelton			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-14-6955		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe King - Elwood, Kansas			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel Obstruction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) ✓  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓				INTERVAL BETWEEN ONSET AND DEATH One day  Not sure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 6-5-52 to June 6, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 5:00p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Colles Rowley M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 7-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-6-52		24c. NAME OF CEMETERY OR CREMATORY Bellemont Cemetery		24d. LOCATION (City, town, or county) (State) Wathena, Kansas	
DATE REC'D BY LOCAL REG. July 12, 1952		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harman Funeral Home - Wathena, Ks.			

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

JUL 21 1952

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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.....

*Charles M. Hamm*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

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.