

JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24093  
State File No. ....

BIRTH NO.		REG. DIST. NO. <u>109</u>	PRIMARY REG. DIST. NO. <u>4180</u>	Registrar's No. <u>15</u>
1. PLACE OF DEATH a. COUNTY <u>Stoddard Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u> c. LENGTH OF STAY (in this place) <u>0356</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union.Twp.</u> d. STREET ADDRESS (If rural, give location) <u>R#1, Campbell, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>King</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June, 13, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July, 2, 1868</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crabb Orchard Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Powell Keaster</u>		13b. MOTHER'S MAIDEN NAME <u>Parzilla Ray</u>	14. NAME OF HUSBAND OR WIFE <u>James A. King Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leroy Earl King, Campbell, Mo. R.1</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</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>Feb. 4, 1949</u> , to <u>June 13, 1952</u> , that I last saw the deceased alive on <u>June 13, 1952</u> , and that death occurred at <u>6:20 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>F. O. Kelley D.O.</u>		(Degree or title)	23b. ADDRESS <u>Bernie, Mo.</u>	23c. DATE SIGNED <u>6-18-52</u>
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>6.15.52.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bernie Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-28-52</u>	REGISTRAR'S SIGNATURE <u>Miss Beulah Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Fun. Service, Dexter, Mo.</u>		

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 6-30-52 .....

COUNTY FILE NUMBER ..... 652-169 .....

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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.....

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

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Chatterley March 1952* .....

Licensed Embalmer No. *4762* .....

P. O. Address *Depton Ave* .....

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.