

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

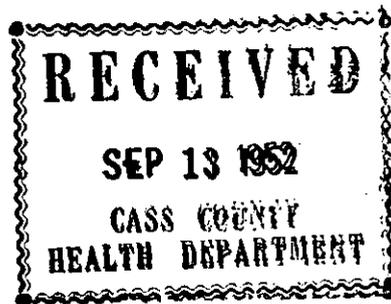
State File No. **31012**  
Registrar's No. **1325**

**FILED SEP 16 1952**

BIRTH NO.		REG. DIST. NO. <b>59</b>	PRIMARY REG. DIST. NO. <b>4099</b>	Registrar's No. <b>1325</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Pleasant Hill</b>		c. LENGTH OF STAY (In this place) <b>20 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Pleasant Hill 1190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>328 N. Independence</b>			d. STREET ADDRESS (If rural, give location) <b>328 N. Independence</b>		
3. NAME OF DECEASED a. (First) <b>CORA</b>		b. (Middle) <b>EILEEN</b>		c. (Last) <b>KING</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>9-3-1952</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>8-2--1879</b>		9. AGE (In years last birthday) <b>73</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Grain Valley, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Perry King</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Little</b>	
14. NAME OF HUSBAND OR WIFE <b>Samuel King</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Pearl Thompson Pleasant Hill,</b>		17. ADDRESS <b>Pleasant Hill,</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>gunshot, self inflicted</b>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>gunshot, self inflicted</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>		20. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerotic heart disease</b>	
21. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease</b>		22. DUE TO (b) <b>8 yrs</b>		23. DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E976X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Pleasant Hill Cass Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-3-52 8:50 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Self-inflicted gunshot - Chest.</b>	
22. I hereby certify that I attended the deceased from <b>6-10</b> , 19 <b>52</b> , to <b>4-25</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>4-25</b> , 19 <b>52</b> , and that death occurred at <b>8:50 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>W. E. H. M.D.</b>			23b. ADDRESS <b>Pleasant Hill, Mo.</b>		23c. DATE SIGNED <b>9-5-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-5-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Mound</b>	
24d. LOCATION (City, town, or county) (State) <b>Blue Mound Kansas</b>		DATE REC'D BY LOCAL REG. <b>Sept 8, 1952</b>		REGISTRAR'S SIGNATURE <b>Cora Barward</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. H. M.D.</b>		ADDRESS <b>Pleasant Hill, Mo.</b>			

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

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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 *Wm. L. ...*

Licensed Embalmer No. 3785

P. O. Address ...

**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.