

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36121

FILED OCT 28 1952
BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 330

940
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE WISCONSIN b. COUNTY MILWAUKEE	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL BIG RIVER TWP		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) MILWAUKEE 8450		d. STREET ADDRESS (If rural, give location) 1731 N 11th 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. BONNETERRE HOSPITAL			
3. NAME OF DECEASED (Type or Print) KING		4. DATE OF DEATH (Month) (Day) (Year) OCT 16 1952	
5. SEX MALE		6. COLOR OR RACE NEGRO	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH FEB. 25. 1931	
9. AGE (In years last birthday) 21		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	
10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) PINE BLUFF ARK	
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME KING WITHERSPOON		13b. MOTHER'S MAIDEN NAME MALVIN TRAILER	
14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN UNKNOWN		16. SOCIAL SECURITY NO. 550-38-4090	
17. INFORMANT'S SIGNATURE OR NAME CLARENCE WEBB		ADDRESS 4132 ELLIS AVE CHICAGO, ILL	
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) Coroner Jury Verdict. In unaidable automobile accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Broken neck, Internal injuries	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 094	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Big River town, St. Francois, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct. 16, 1952 2:25 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? automobile accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Bert Q. Miller		23b. ADDRESS Coroner Farmington MO	
23c. DATE SIGNED 10/17/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 16, 1952	
24c. NAME OF CEMETERY OR CREMATORY PINE BLUFF ARK		24d. LOCATION (City, town, or county) (State) PINE BLUFF ARK	
DATE REC'D BY LOCAL REG. Oct. 17, 1952		REGISTRAR'S SIGNATURE Cather Redloff	
FUNDAL DIRECTOR'S SIGNATURE Charles H. Bunn		ADDRESS Bonnetterre, Mo	

NOV 25 1952

JAN 22 1953

STATEMENT BY LICENSED EMBALMER

No Embalming Done Here

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.....

Licensed Embalmer No.....

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.