

44424

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

S. No. 300

v. 10-48

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1173-A

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade | |
| b. CITY (If outside corporate limits, write RURAL and give town) Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) Greenfield RFD#2 0290 | |
| c. LENGTH OF STAY (in this place) 1 Week | | d. STREET ADDRESS (If rural, give location) Greenfield RFD#2 Box 17 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | |

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|---|-------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANKLIN | b. (Middle) ALVA | c. (Last) KING | 4. DATE OF DEATH (Month) (Day) (Year) December 30 1952 |
|---|-------------------------|-----------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 24 March 1887 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Harvey E. King | 13b. MOTHER'S MAIDEN NAME Missouri L. King | 14. NAME OF HUSBAND OR WIFE Dora King |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give number and date of service) No | 17. INFORMANT'S SIGNATURE OR NAME Dora King | ADDRESS Greenfield, Missouri |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 6 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulated Rt. Femoral Hernia & Gangrene of Ileum | | |
| | ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion | | |
| | DUE TO (c) PULMONARY T.B. | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 002X | | |

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| 19a. DATE OF OPERATION 12-24-52 | 19b. MAJOR FINDINGS OF OPERATION Hernia - Gangrene of Ileum | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **12-24-1952** to **12-30-1952**, that I last saw the deceased alive on **12-30-1952**, and that death occurred at **9:10 P.M.** from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Joseph D. Hill M.D. | 23b. ADDRESS Springfield, Mo. | 23c. DATE SIGNED 1-5-53 |
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|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/2/53 | 24c. NAME OF CEMETERY OR CREMATORY Fullerton Cemetery | 24d. LOCATION (City, town, or county) (State) Dade County Missouri |
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| DATE REC'D BY LOCAL REG. 2-6-53 | REGISTRAR'S SIGNATURE Edith Williamson Registrar | 25. FUNERAL DIRECTOR'S SIGNATURE Allison Funeral Home | ADDRESS Greenfield, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

1396
0

1953 FEB 8

STATEMENT BY LICENSED EMBALMER

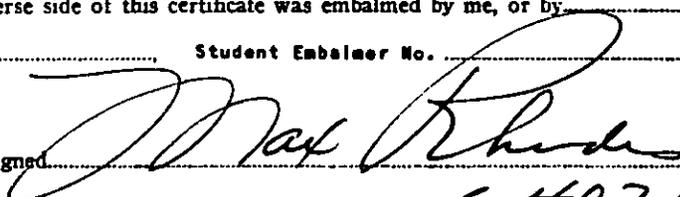
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4071

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.