

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1191**

State File No. ....

**FILED FEB 1 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 2022 Registrar's No. 13

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Harrison</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Harrison</u>
c. LENGTH OF STAY (in this place) <u>1 wk</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u> <u>0411</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>at Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Marshall</u>	c. (Last) <u>King</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1 - 25 - 53</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>7-7-1890</u>	<b>9. AGE</b> (In years last birthday) <u>62</u>	<b>IF UNDER 1 YEAR</b> Months <u>6</u> Days <u>18</u>	<b>IF UNDER 24 HRS.</b> Hours <u>18</u> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>clerk</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Hatchery</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Gentry County Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
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<b>13a. FATHER'S NAME</b> <u>William A. King</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Elizabeth Cottrill</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Edna King</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>488-14-3640</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Wm. A. King</u>	<b>ADDRESS</b> <u>Bethany Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 week</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Chronic Arterial Hypertension</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>331X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 1-18, 1953, to 1-25-53, 1953, that I last saw the deceased alive on 1-25, 1953, and that death occurred at 10<sup>00</sup> P. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Gullent H. Thayer</u> (Degree or title)	<b>23b. ADDRESS</b> <u>50 Bethany, MO</u>	<b>23c. DATE SIGNED</b> <u>1-27-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>1-28-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lone Star</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Gentry County Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-28-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Zola Burris</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. H. ...</u>	<b>ADDRESS</b> <u>Bethany Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*MB Hoas*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

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.