

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9447

FILED APR 6 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Springfield, Mo.</u>		c. CITY OR TOWN <u>Missouri Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3130 Nichols</u>		d. STREET ADDRESS (If rural, give location) <u>3130 Nichols</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ella</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>King</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 15, 1884</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months <u>14</u>	11. UNDER 1 YEAR Days <u>14</u>	12. UNDER 1 YEAR Hours <u>14</u>	13. UNDER 1 YEAR Mins. <u>14</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Elijah Greenway</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Isaac King</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lester Bunselmeyer</u>	ADDRESS <u>Sp. MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerotic Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 3-7, 1953, to 3-30, 1953, that I last saw the deceased alive on 3-28, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>May Fitch</u> (Degree or Title) <u>M.D.</u>	23b. ADDRESS <u>Springfield Mo.</u>	23c. DATE SIGNED <u>3-31-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 3, 1953</u>	24c. NAME OF CEMETERY OR REMATORY <u>Osa Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crane, Rural Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-31-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. Marsh</u>	ADDRESS <u>Crane MO</u>
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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 \_\_\_\_\_

*[Handwritten signature]*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Handwritten signature]*

Licensed Embalmer No. *3812*

P. O. Address *[Handwritten 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.