

FILED APR 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9606
Registrar's No. 25

BIRTH NO.		REG. DIST. NO. 138		PRIMARY REG. DIST. NO. 5526		Registrar's No. 25		
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Preston</u>		c. LENGTH OF STAY (in this place) <u>34 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Preston</u>		0430		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Preston</u>				d. STREET ADDRESS (If rural, give location) <u>South Preston</u>				
3. NAME OF DECEASED (Type or Print) <u>William</u> a. (First) <u>Dennis</u> b. (Middle) <u>King</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3-1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>JAN 11-1863</u>		
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>		IF UNDER 1 HRs. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Bradley Co Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Geo. R King</u>			13b. MOTHER'S MAIDEN NAME <u>JANAH J Taylor</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Eddie, Preston, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adv arterio sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
				DUE TO (b)				
				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		4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)				
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?				
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>52</u> , to <u>Apr 3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 29</u> , 19 <u>53</u> , and that death occurred at <u>9:30 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Meins M.D.</u> (Degree or title)				23b. ADDRESS <u>Hermitage Mo</u>		23c. DATE SIGNED <u>4-4-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 5-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nemo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hickory Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-4-1953</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>464-0</u>		ADDRESS <u>Herbert H. Thawway - Wheatland</u>		

WRITE PLAINLY—USING UNEADING 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 *Chas. Albert Hatheway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md.*

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.