

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10555

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>199</u>		PRIMARY REG. DIST. NO. <u>4312</u>		Registrar's No. <u>5</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ethel</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ethel</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Herschel</u>		b. (Middle) <u>Oliver</u>		c. (Last) <u>King</u>		
4. DATE OF DEATH		(Month) (Day) (Year)		<u>March 11 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>Sept. 27 1897</u>		9. AGE (In years last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>James W. King</u>			13b. MOTHER'S MAIDEN NAME <u>Cordelia Hull</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)			16. SOCIAL SECURITY NO. <u>497-18-0747</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minor H. King</u> ADDRESS <u>Elmer Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LAENNEC'S CIRRHOSIS OF LIVER</u>					<u>UNK.</u>		
		ANTECEDENT CAUSES							
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		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. <u>PEPTIC ULCER</u>					<u>UNK</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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>Sept 1953</u> to <u>MAR. 1953</u> , that I last saw the deceased alive on <u>MAR. 9, 1953</u> and that death occurred at <u>12:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul T. Berry, M.D.</u> (Degree or title)				23b. ADDRESS <u>Marceline, Mo.</u>			23c. DATE SIGNED <u>3-12-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/13-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hull</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/17-1953</u>		REGISTRAR'S SIGNATURE <u>Daphne Howerton</u> <u>184-10</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. McCollum</u>		ADDRESS <u>South Gifford Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED ^{24.03}
~~3.53.62~~
MACON COUNTY HEALTH DEPARTMENT
County File No. 3-83.62
Date Filed 3-26-53
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REC'D
JAN 1953

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 Clyde McCallum
Licensed Embalmer No. 3226
P. O. Address South Gifford 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.