

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 20 1953

BIRTH NO. ... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY Butler b. CITY OR TOWN Poplar Bluff, Mo. c. LENGTH OF STAY (in this place) ... 2. USUAL RESIDENCE a. STATE Mo. b. COUNTY Butler c. CITY OR TOWN Poplar Bluff d. STREET ADDRESS 1112 Franklin

3. NAME OF DECEASED a. (First) Jesse Walker b. (Middle) King c. (Last) King 4. DATE OF DEATH (Month) (Day) (Year) March 28, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH Sept. 15, 1863 9. AGE (In years) 89

10a. USUAL OCCUPATION Farmer 10b. KIND OF BUSINESS OR INDUSTRY ... 11. BIRTHPLACE Tuscumbia, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jesse King 13b. MOTHER'S MAIDEN NAME Lucy Ann Tiller 14. NAME OF HUSBAND OR WIFE Mary Jane King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. ... 17. INFORMANT'S SIGNATURE OR NAME E. J. King ADDRESS Poplar Bluff, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia 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 Encephalomalacia

19a. DATE OF OPERATION ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? YES [] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ... 21b. PLACE OF INJURY ... 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ... 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Mar, 1953, to 28 Mar, 1953, that I last saw the deceased alive on 27 Mar, 1953, and that death occurred at 6:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) ... 23b. ADDRESS 321 Oak Poplar Bluff Mo. 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-30-53 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. April 7-1953 REGISTRAR'S SIGNATURE Wm. H. Johnson 428 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.

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

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RECEIVED

APR 15 1953
BUTLER CO. HEALTH CENTER

FILE No. 453-187

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. 4514

P. O. Address 412 Vine St
Piquette, Pa

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.