

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 48

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Expelsior Springs</u>	c. LENGTH OF STAY (In this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Expelsior Springs 6002</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Expelsior Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>211 South Kimball</u>	

3. NAME OF DECEASED (Type or Print) <u>Robert Lee King</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED <u>1</u>	8. DATE OF BIRTH <u>Aug. 5 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	IF UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Taxi Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Earl Lawson Mo. RAY COUNTY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John King</u>	13b. MOTHER'S MAIDEN NAME <u>ANN BUSTER</u>	14. NAME OF HUSBAND OR WIFE <u>Julia ANN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Deward McC Coy</u> ADDRESS <u>Exp Springs</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>V + I valve heart disease</u> DUE TO (c) <u>arteriosclerosis</u>		
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>4214</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 1-9, 1950, to 4-10, 1953, that I last saw the deceased alive on 4-10, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George E. Sanders MD</u>	23b. ADDRESS <u>Expelsior Springs Mo</u>	23c. DATE SIGNED <u>4-13-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>4-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-13-53</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Smechel</u> ADDRESS <u>Expelsior Springs Mo</u>
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APR 30 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 Charles Richard

Licensed Embalmer No. 27515

P. O. Address Edelstein Springs, Ill.

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.