

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14006

State File No.

FILED MAY 1 1953

BIRTH NO.		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5563</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY <u>Iron</u> <u>0470</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> <u>Iron</u> COUNTY <u>0470</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u>		c. LENGTH OF STAY (in this place) <u>46 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u> <u>0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. east of Annapolis</u>				d. STREET ADDRESS (If rural, give location) <u>6 mi. east of Annapolis</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>KING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1953</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 31 1871</u>		
9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>2 21</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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>own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Co. Mo.</u>			
13a. FATHER'S NAME <u>Levi King</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Young</u>		14. NAME OF HUSBAND OR WIFE <u>Ida King</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andrew King, Minimum Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					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>November, 1952</u> , to <u>April 22, 1953</u> , that I last saw the deceased alive on <u>March 10, 1953</u> and that death occurred at <u>9.45A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. Kenneth Wheeler, D.O.</u>				23b. ADDRESS <u>Hardendatum, Mo.</u>		23c. DATE SIGNED <u>4/24/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Polk Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arcadia Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-28-53</u>		REGISTRAR'S SIGNATURE <u>Mr. Aric Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Iron ton Mo.</u>		

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

MAY 24 1953

MAY 1 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 Alice J. White

Licensed Embalmer No. 3012

P. O. Address Frontiersville

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.