No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17687

State File No.

FILED JUN 8 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2600 Registrar's No. 510-A

396
0

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 1313 West Central 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ALBERT
c. (Last): KING

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: June 29, 1882

9. AGE (In years last birthday): 70
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY: Brick Construction

11. BIRTHPLACE (City and State or Foreign Country): Newton, Kansas /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Ninevah E King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Ninevah King, Springfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1-2 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating, the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-23-1953, *to* 5-28-, 1953, *that I last saw the deceased alive on* 5-28-, 1953, *and that death occurred at* 11:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold H. Lurie, M.D. (Degree or title)

23b. ADDRESS Medical Art Bldg Springfield, Mo.

23c. DATE SIGNED 5-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 31, 1953

24c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery

24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 6-1-53

REGISTRAR'S SIGNATURE: Earl Williamson Deputy Reg.

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Alma Lohmeyer, Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr Lane

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 Bernard F Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.