

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17812**  
Registrar's No. **55**

FILED MAY 25 1953

REG. DIST. NO. **133**

PRIMARY REG. DIST. NO. **5483**

BIRTH NO. _____		REG. DIST. NO. <b>133</b>		PRIMARY REG. DIST. NO. <b>5483</b>		Registrar's No. <b>55</b>	
1. PLACE OF DEATH a. COUNTY <b>Harrison</b> <b>04105</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany Twp.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b> <b>04110</b>			
c. LENGTH OF STAY (In this place) <b>6 years</b>				d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Home</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) _____			c. (Last) <b>KING</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 16, 1953</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Aug. 25, 1897</b>	
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bethany, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Marion F. King</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Hogan</b>			14. NAME OF HUSBAND OR WIFE <b>Never Married</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James King Bethany, Mo.</b>			
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) <b>Toxemia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Congestion - Right Foot</b>				<b>6 mo</b>			
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>				-			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>0</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/200</b>				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) <b>Bethany, Missouri</b>			
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?			
22. I hereby certify that I attended the deceased from <b>June 1, 1951</b> , to <b>May 15, 1953</b> , that I last saw the deceased alive on <b>May 15, 1953</b> , and that death occurred at <b>5<sup>00</sup> a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Sylvester H. Thayer D.D.</b>				23b. ADDRESS <b>Bethany, Mo.</b>		23c. DATE SIGNED <b>5-19-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 17, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Monson</b>		24d. LOCATION (City, town, or county) (State) <b>Bethany, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5/20/53</b>		REGISTRAR'S SIGNATURE <b>Zola Burrows</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark L. Touch</b>		ADDRESS <b>Bethany, Mo.</b>	

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

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 Clark L. Foutch

Licensed Embalmer No. 4831

P. O. Address Bethany, 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.