

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34745**

FILED OCT 2 1953

BIRTH NO. 67932 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>524 Coleman</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>Lilburn</u> c. (Last) <u>King, II</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>9-15-1953</u>	9. AGE (In years last birthday) <u>-</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 1 HRS. Hours <u>5</u> Mins. <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Howard Lilburn King</u>		13b. MOTHER'S MAIDEN NAME <u>Theda Jewell Vaughn</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura Shively Sikeston</u>				ADDRESS <u>Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital defect of Respiratory and Circulatory systems.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Exact defect undetermined</u> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7590</u>						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) <u>Sikeston, Mo.</u>		(COUNTY) <u>Scott</u>		(STATE) <u>Mo.</u>	
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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?					
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22. I hereby certify that I attended the deceased from 9-15, 1953, to 9-15, 1953, that I last saw the deceased alive on 9-15, 1953, and that death occurred at 2:50 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Alfred Sargent M.D.</u>		(Degree or title)		23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>9-16-53</u>			
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24a. BURIAL (CREMATION, REMOVAL) (Specify)		24b. DATE <u>Sept. 15, '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>			
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DATE REC'D BY LOCAL REG. <u>9-21-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		429		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>				ADDRESS <u>Funeral Home C'yle Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SFP 28 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 953-216

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

W. Denver Pike

Licensed Embalmer No.

4484

P. O. Address

Caruthersville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.