

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36666**

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **207**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (In this place) 2 WKS.		d. STREET ADDRESS (If rural, give location) 0742 409 1/2 North Main	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW	b. (Middle) HARVEY	c. (Last) KING	4. DATE OF DEATH (Month) (Day) (Year) 11 3 53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/31/72
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired	11. BIRTHPLACE (State or foreign country) Bloomington, Ind.
10b. KIND OF BUSINESS OR INDUSTRY Own account		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James F. King	13b. MOTHER'S MAIDEN NAME Sarah Nallinger	14. NAME OF HUSBAND OR WIFE Bertha Henderson King, deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry King, Maryville, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	II. OTHER SIGNIFICANT CONDITIONS Fractured femur + pelvis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION plated hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) STRIKE HOMIGIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maryville Nodaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 21 53 6 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from **10-21-53** to **Nov. 3, 1953**, that I last saw the deceased alive on **11/2, 1953**, and that death occurred at **3:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Bauman M.D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 11/4/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/6/53	24c. NAME OF CEMETERY OR CREMATORY Workman Chapel
24d. LOCATION (City, town, or county) (State) Burlington Jct., Mo.		

DATE REC'D BY LOCAL REG. 11-7-53	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1953

DEC 4 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 Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.