

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36768

State File No.

FILED OCT 26 1953

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4407</u>		Registrar's No. <u>315</u>	
1. PLACE OF DEATH a. COUNTY <u>Pattis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pattis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaMonte,</u>		c. LENGTH OF STAY (In this place) <u>2yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaMonte, Missouri</u>		8800	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence,</u>				d. STREET ADDRESS (If rural, give location) <u>City.</u>			
3. NAME OF DECEASED (Type or Print) <u>Robert Douglas King,</u>			a. (First) <u>Robert</u> b. (Middle) <u>Douglas</u> c. (Last) <u>King,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31, 1886</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 MIN. Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commerce,</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston Co. Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Taylor King,</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Shertzer,</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Roon King,</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>		16. SOCIAL SECURITY NO. <u>496-05-8578</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louise King, LaMonte, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>fast minute</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <input checked="" type="checkbox"/>						II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>
19a. DATE OF OPERATION <u>4201</u>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LaMonte, Pattis, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10:00P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>Oct 16, 1953</u> , to <u>10-16-</u> , 1953, that I last saw the deceased alive on <u>Oct 16, 1953</u> , and that death occurred at <u>10:00P</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. W. Gray, M.D.</u> (Degree or title)				23b. ADDRESS <u>Knobnoster, Missouri</u>		23c. DATE SIGNED <u>10-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10/19/1953</u>		REGISTRAR'S SIGNATURE <u>R. Y. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Warrensburg, Mo.</u>			

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

0800

JAN 19 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W.A. Brauning

Signed _____
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.