

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39615**

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **3037** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY OR TOWN Mt Vernon		c. CITY OR TOWN Mt Vernon 0550	
c. LENGTH OF STAY (In this place) 33 yrs		d. STREET ADDRESS (If rural, give location) Hwy 166 + Market St⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy 166 + Market Street			

3. NAME OF DECEASED (Type or Print) Rebecca Adaline King			4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 - 1953		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 5 - 1896		9. AGE (In years last birthday) 57 0 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Boone Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Isaac J Stone		13b. MOTHER'S MAIDEN NAME Mary Stice		14. NAME OF HUSBAND OR WIFE A. B. King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME A. B. King ADDRESS Mt Vernon Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 22 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10 - 31**, 1953, to **10 22**, 1953, that I last saw the deceased alive on **10 - 21**, 1953, and that death occurred at **2 4** m., from the causes and on the date stated above.

23a. SIGNATURE R. A. Hohnen M.D. (Degree or title)		23b. ADDRESS Mt. Vernon Mo.		23c. DATE SIGNED 11-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24 - 1953		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
24d. LOCATION (City, town, or county) Mt Vernon Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Max J. Forestt		ADDRESS Mt Vernon, Mo.	
DATE REC'D BY LOCAL REG. 11-26-53		REGISTRAR'S SIGNATURE Cecil Handricks			

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

0.300
0.48

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Wethersville, 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.