

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43917

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4419 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEARBORN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEARBORN	
c. LENGTH OF STAY (in this place) Green 6 yrs		d. STREET ADDRESS (If rural, give location) 0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ANNIE	b. (Middle) BELL	c. (Last) KING	DEC. 29, 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MARVIN ELLINGTON	13b. MOTHER'S MAIDEN NAME JENNIE CREEK	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. HAGGARD, DEARBORN, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis and		
	DUE TO (c) hypertensive heart disease		
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	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) m.	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 **12-19, 1953**, to **12-24, 1953**, that I last saw the deceased alive on **12-23, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. L. Durham M.D. (Degree or title)	23b. ADDRESS Dearborn Mo.	23c. DATE SIGNED 12-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 27, 1953	24c. NAME OF CEMETERY OR CREMATORY SMITHVILLE
24d. LOCATION (City, town, or county) (State) SMITHVILLE Mo.		

DATE REC'D BY LOCAL REG. Dec 27-53	REGISTRAR'S SIGNATURE 257 Opelia Rollins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS YAUGHN-AUFRANC, DEARBORN, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

0830

400. 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. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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.