

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43968

FILED JAN 12 1954

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 4022		Registrar's No. 3	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Ray</i>		b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural - Richmond</i>		c. LENGTH OF STAY (in this place) <i>4 years</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. CITY OR TOWN <i>Camden</i>		e. STREET ADDRESS (If rural, give location) <i>Street not listed</i>		f. DATE OF DEATH (Month) (Day) (Year) <i>December 30, 1953</i>		g. NAME OF DECEASED	
a. (First) <i>EMMA</i>		b. (Middle) <i>(N)</i>		c. (Last) <i>KING</i>		4. DATE OF DEATH	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>August 4, 1886</i>	
9. AGE (in years last birthday) <i>67</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Camden, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Benjamin King</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Walker</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. T. B. Ball</i>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute pulmonary edema</i>				<i>40 minutes</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				15 years	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <i>Hypertensive arteriosclerotic Cardiovascular disease</i>					
		DUE TO (c) <i>Diabetes mellitus</i>				4 years	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>443X</i>			
22. I hereby certify that I attended the deceased from <i>8/13</i> , 19 <i>52</i> to <i>12/30</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/30</i> , 19 <i>53</i> , and that death occurred at <i>2:00</i> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>M. L. Masterson, M.D.</i>				23b. ADDRESS <i>Richmond, Mo.</i>		23c. DATE SIGNED <i>1/4/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 4, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Richmond, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>Jan 5-1954</i>		REGISTRAR'S SIGNATURE <i>Malcol Jackson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Joseph H. Richmond, Mo.</i>		ADDRESS	

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

Mo 5

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4065

P. O. Address.....
Pittsfield, Mass

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.