

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44955**

FILED DEC 17 1953

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 76

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | |
| b. CITY OR TOWN <u>Rural - Britton</u> | | c. CITY OR TOWN <u>Rural - Britton Twp.</u> | |
| c. LENGTH OF STAY (in this place) <u>20 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Near Potosi</u> <u>1102</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Potosi</u> | | | |

| | | | | |
|--|------------|-------------|-----------------------|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>Clmie</u> | a. (First) | b. (Middle) | c. (Last) <u>King</u> | 4. DATE OF DEATH <u>Dec. 9-53</u> |
| | | | | (Month) (Day) (Year) |

| | | | | | | |
|--------------------|-------------------------------|---|-------------------------------------|---|---|--|
| 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>July 5-1896</u> | 9. AGE (in years last birthday) <u>57</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u> | IF UNDER 12 HRS. Hour <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|-------------------------------------|---|---|--|

| | | | |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|--|--|---|---|

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>William King</u> | 13b. MOTHER'S MAIDEN NAME <u>Elisa Jane King</u> | 14. NAME OF HUSBAND OR WIFE <u>Laura King</u> |
|--|--|---|

| | | | |
|---|---------------------------------|--|-----------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Laura King Potosi Mo.</u> | ADDRESS <u></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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>APOPLEXY</u> | | <u>16 HOURS</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> | | <u>5 YEARS</u> |
| 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 <u>334 X</u> | 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) | 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 Dec. 8, 1953, to Dec. 9, 1953, that I last saw the deceased alive on Dec. 8, 1953, and that death occurred at 12:10 P.m., from the causes and on the date stated above.

| | | | |
|--------------------------------------|------------------------------|---------------------------------|---------------------------------------|
| 23a. SIGNATURE <u>Edward W. Late</u> | (Degree or title) <u>Do.</u> | 23b. ADDRESS <u>Potosi, Mo.</u> | 23c. DATE SIGNED <u>Dec. 12, 1953</u> |
|--------------------------------------|------------------------------|---------------------------------|---------------------------------------|

| | | | |
|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-11-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Higgins Am</u> | 24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u> |
|---|---------------------------|--|---|

| | | | | |
|--|--|---------|---|-----------------|
| DATE REC'D BY LOCAL REG. <u>12/14/53</u> | REGISTRAR'S SIGNATURE <u>Herbert Kendall</u> | 403 100 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spark Potosi Mo.</u> | ADDRESS <u></u> |
|--|--|---------|---|-----------------|

(Licensed Embalmer's Statement on Reverse Side)

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

1100

RECEIVED

DEC 13 1953

WASH. COUNTY HEALTH

File No. _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.