

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 8 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>CALLOWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONTGOMERY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FULTON MISSOURI</b>		c. CITY OR TOWN- <b>MOORE WELLSVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>42 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>0700</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STATE HOSPITAL NO 1</b>			

3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>	a. (First)	b. (Middle)	c. (Last) <b>KING</b>	4. DATE OF DEATH <b>February 2 1954</b>
				(Month) (Day) (Year)

5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>not given</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farm laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WELLSVILLE MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Not Given</b>	13b. MOTHER'S MAIDEN NAME <b>Not Given</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>Not Given</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records, Fulton Mo.</b>	ADDRESS
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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, asthenia, 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) <b>Chronic Myo-carditis</b>		<b>Long Standing</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July-23**, 19**52**, to **Feb-2nd**, 19**54**, that I last saw the deceased alive on **February 1**, 19**54**, and that death occurred at **5:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Earl C Kessler M. D.</b>	23b. ADDRESS <b>Fulton Missouri</b>	23c. DATE SIGNED <b>2-2-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-3-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia MO</b>
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DATE REC'D BY LOCAL REG. <b>Feb-3-1954</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. O. Roberts</b>	ADDRESS <b>Columbia Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**