

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1032**

State File No. ....

**FILED JAN 25 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 75

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Greene</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Walnut Grove</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Greene</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Walnut Grove</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If rural, give location) <b>-----</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>ADELIA</b>	b. (Middle) <b>GERTRUDE</b>	c. (Last) <b>KING</b>	(Month) <b>1</b>	(Day) <b>20</b>	(Year) <b>54</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>April 16, 1869</b>		<b>9. AGE</b> (In years last birthday) <b>84</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Frankfort, Kentucky</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Ezra McClure</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Henry King</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Laura Denby</b>
		<b>ADDRESS</b> <b>Walnut Grove, Mo.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>PARALYSIS OF THROAT</b>		
	<b>ANTECEDENT CAUSES</b> <b>ARTERIOSCLEROSIS</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>DUE TO (b)</b> <b>SENILITY.</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4500</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** APRIL 19 53, to JAN 19 54, that I last saw the deceased alive on JAN 19 54, and that death occurred at 1:10A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>J. J. Barber M.D.</i>	<b>23b. ADDRESS</b> <b>WALNUT GROVE MO.</b>	<b>23c. DATE SIGNED</b> <b>Jan 21 - 54</b>
---	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>1-22-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) - (State) <b>Polk County, Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>1-23-54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Ella Williamson</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Birga - Daniel - Ash Grove - Mo</i>	
		<b>ADDRESS</b>	

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

**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

*Wayne L. Ramey*

Licensed Embalmer No. *1702*

P. O. Address *Ash Grove - Wis*

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.