

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5418**

BIRTH NO. FILED MAR 2 1954		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 160	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Callao Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hosp.				d. STREET ADDRESS (If rural, give location) —			
3. NAME OF DECEASED (Type or Print)			a. (First) Myrtle	b. (Middle) B	c. (Last) Kings	4. DATE OF DEATH (Month) (Day) (Year) 1-12-54	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-30-83	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic				10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Macon Mo	
12. CITIZEN OF WHAT COUNTRY Mo				13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Crawford King				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Crawford King				ADDRESS Callao 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 7 days	
ANTECEDENT CAUSES		DUE TO (b) Unknown					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Unknown					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Generalized arteriosclerosis				6 mo	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154 X			
22. I hereby certify that I attended the deceased from Jan 8, 1950 , to 1-12, 1954 , that I last saw the deceased alive on 1-12, 1954 and that death occurred at 10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. P. King MD (Degree or title)				23b. ADDRESS Macon Mo		23c. DATE SIGNED 1-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-14-54		24c. NAME OF CEMETERY OR CREMATORY Chariton cem.		24d. LOCATION (City, town, or county) (State) Callao Mo	
DATE REC'D BY LOCAL REG. 2/12/54		REGISTRAR'S SIGNATURE Irish McNeely		25. FUNERAL DIRECTOR'S SIGNATURE H. Edwards		ADDRESS Berwin Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1954

RECEIVED 2.23.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 25419
Date Filed 2-24-54

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 *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Berlin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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