

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 308-A

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo	
c. LENGTH OF STAY (in this place) 2 day		d. STREET ADDRESS (If rural give location) 1300	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) ALMUS	b. (Middle) D.	c. (Last) KING	4. DATE OF DEATH (Month) (Day) (Year)
				3-23-1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-12-1878	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
				78	1	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mary King	13b. MOTHER'S MAIDEN NAME Sarah Yumma	14. NAME OF HUSBAND OR WIFE Effie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Oliver King	ADDRESS Buffalo Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, right lower lobe		
	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. Arteriosclerotic heart disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE (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) m.	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 **3-21-** 19 **54** to **3-23-** 19 **54**, that I last saw the deceased alive on **3-23-54**, 19 **54**, and that death occurred at **6:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul C. Morton M.D.	23b. ADDRESS 1630 N. Jefferson	23c. DATE SIGNED 3-30-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-25-1954	24c. NAME OF CEMETERY OR CREMATORY Union Mount	24d. LOCATION (City, town, or county) (State) Dallas Co. Mo
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DATE REC'D BY LOCAL REG. 3-31-54	REGISTRAR'S SIGNATURE Edgar Williamson	25. FUNERAL DIRECTOR'S SIGNATURE L B Jones	ADDRESS Buffalo Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

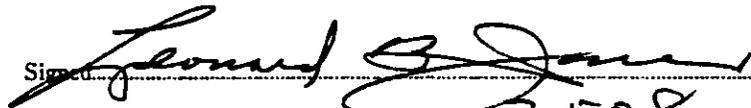
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2508

P. O. Address Bayola MO

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.