

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8452**

FILED MAR 18 1954

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **18**

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

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton	c. LENGTH OF STAY (in this place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown 0621	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's of the Ozarks		d. STREET ADDRESS (If rural, give location) 507 Newberry	

3. NAME OF DECEASED (Type or Print) a. (First) Harriet b. (Middle) Cansadie c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 5, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR 1 Months 18 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Fredericktown, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Cook		13b. MOTHER'S MAIDEN NAME Luvonia Moyers		14. NAME OF HUSBAND OR WIFE Walter King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Walter King ADDRESS Fredericktown, Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 week
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES hypertension		?
	DUE TO (b) chronic nephritis		?
	DUE TO (c) Diabetes mellitus		?
	II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus 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? 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) 592 X
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 **2-17, 1954**, to **2-23, 1954**, that I last saw the deceased alive on **2-23, 1954**, and that death occurred at **6:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. E. Harland (Degree or title) midl	23b. ADDRESS Ironton, Mo	23c. DATE SIGNED 3-1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/25/54	24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery	24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.
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DATE REC'D BY LOCAL REG. 3-15-54	REGISTRAR'S SIGNATURE Mrs. Avis Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE Najim Funeral Home ADDRESS Fredericktown, Mo.
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MAR 18 19...

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles McPartly

Signed.....

Student Embalmer

Licensed Embalmer No. *4852*

P. O. Address. *Fredricks town, 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.