

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11636**

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 4173		Registrar's No. 21			
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO				b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AVA		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AVA		0340			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				0	
3. NAME OF DECEASED (Type or Print)			a. (First) Carrie		b. (Middle) G.		c. (Last) King		
4. DATE OF DEATH			(Month) 4		(Day) 14		(Year) 54		
5. SEX F.M.		6. COLOR OR RACE "hite"		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-4-60		9. AGE (In years last birthday) 93	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Cedar Gap, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jack Goss			13b. MOTHER'S MAIDEN NAME Catherian Day			14. NAME OF HUSBAND OR WIFE George W. King			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anna Walker, Ava, Missouri					
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Coronary Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Coronary Disease DUE TO (c) Chronic Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchodilatation						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20/54						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.) AVA		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Douglas MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6: P.m. , from the causes and on the date stated above.									
23a. SIGNATURE M. C. Gentry (Degree or title) M.D.				23b. ADDRESS Ava, MO			23c. DATE SIGNED 4-14-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-54		24c. NAME OF CEMETERY OR CREMATORY Ava		24d. LOCATION (City, town, or county) (State) Ava, Missouri			
DATE REC'D BY LOCAL REG. 4-22-54		REGISTRAR'S SIGNATURE Walter Bushman			25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Ava, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Charles P. Fish

Licensed Embalmer No.

4662

P. O. Address

Ova, 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.