

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

16483

|   |  |  |   |   |  |   |  |
|---|--|--|---|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>170</u>  |   | PRIMARY REG. DIST. NO. <u>3033</u>  |  | Registrar's No. <u>94</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town/ship)<br><u>Lebanon</u>   |  | c. LENGTH OF STAY (in this place)<br><u>10 Day</u>   |   | c. CITY (If outside corporate limits, write RURAL and give town/ship)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>                  |  | 2530  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>   |  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>Rt. 1 Lebanon</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>Malinda</u> c. (Last) <u>King</u>  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 4, 1954</u> |   |  |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>  |  | 8. DATE OF BIRTH<br><u>July 7, 1869</u>   |  |
| 9. AGE (in years last birthday) <u>85</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Domestic</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Blooming Rose, Mo.</u>              |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  | 13a. FATHER'S NAME<br><u>John Haley</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Johannah Hogan</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>John H. King</u>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No.</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>J. H. King Lebanon, Mo. Rt. 1</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                        |  | <p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Senility.</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Week</u>                                     |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4500</u>  |   |   |  | 20. AUTOPSY?<br>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) (m.)  |  | 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 <u>Jan 1848</u> , to <u>June 1954</u> that I last saw the deceased alive on <u>4 June, 1954</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above. |  |  |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Paul A. Jostling M.D.</u>  |  |  |   | 23b. ADDRESS<br><u>Lebanon, Mo.</u>   |  | 23c. DATE SIGNED<br><u>5 June 54</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br><u>6-7-54</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>O'Malley</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Phelps County Missouri</u>      |  |
| DATE REC'D BY LOCAL REG.<br><u>6-5-1954</u>   |  | REGISTRAR'S SIGNATURE<br><u>Hella L. Hay</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>JR Palmer Lebanon Mo.</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

JUN 12 1954

Received \_\_\_\_\_

LaSalle County Health Unit

File No. \_\_\_\_\_

6-54-95

Date Filed \_\_\_\_\_

JUN 14 1954

**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

*Stanley B. Palmer*

Licensed Embalmer No.

4810

P. O. Address

*Lebanon, 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.