S. No. 300
V. 10-48

FILED JUL 15 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22236

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 291

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 41 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1023 VELMAR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
d. STREET ADDRESS (If rural, give location): 1023 Velmar

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3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): King

4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 1954

5. SEX: male 2
6. COLOR OR RACE: Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH: 7-4-1872
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months 0 Days 0
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Salmar Ala.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Soloman King
13b. MOTHER'S MAIDEN NAME: Laura Island
14. NAME OF HUSBAND OR WIFE: Mattie King.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mattie King 1023 Velmar St. Poplar Bluff, Mo.
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertension — ~~appr~~ 3 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 445X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 July, 1954, *to* 4 July, 1954, *that I last saw the deceased alive on* 4 July 54, 1954, *and that death occurred at* 7:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L Sample M.D.
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 9 July 54

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE: 7-8-1954
24c. NAME OF CEMETERY OR CREMATORY: City Cemetary
24d. LOCATION (~~City, town, or county~~) (State): Butler Poplar Bluff Mo.

DATE REC'D BY LOCAL REG.: 7/12/54
REGISTRAR'S SIGNATURE: R R Minetree 4819-0
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Smith Sikeston
ADDRESS: Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 0 1953

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.