

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22719**
Registrar's No. **1671**

FILED JUL 19 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Hill	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Whitney	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 926 E. Walnut		e. STREET ADDRESS (If rural, give location) Street Address Unknown 8428	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARY	b. (Middle) OLIVE	c. (Last) KING	(Month) July	(Day) 12,	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 23 Feb. 1871	9. AGE (In years last birthday) 85	10. MONTHS 1 YEAR 1 IF ORDER IN HRS. 0 IF ORDER IN MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and State or Foreign Country) Richland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Hendricks	13b. MOTHER'S MAIDEN NAME Matilda Gillespie	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Scott Curtis
		ADDRESS Springfield, Mo.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection</u>		
	ANTECEDENT CAUSES 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.			
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) 7901	(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 7 July 1954 **to** 12 July 1954, **that I last saw the deceased alive on** 12 July 1954, **and that death occurred at** 3:30 p.m., **from the causes and on the date stated above.**

23a. SIGNATURE <i>Henry K. Knabb, Jr.</i>	(Degree or title) MD	23b. ADDRESS 1630 N. Jefferson Springfield, Missouri	23c. DATE SIGNED 13 July 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-14-54	24c. NAME OF CEMETERY OR CREMATORY Richland Cemetery	24d. LOCATION (City, town, or county) (State) Richland, Missouri

DATE REC'D BY LOCAL REG. 7-13-54	REGISTRAR'S SIGNATURE <i>Earl Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. W. Klingner & Co.</i>	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFAADING 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
Signature of Student Embalmer

Signed *Ogle Slone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.