

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22809

|   |                               |  |   |   |   |   |   |  |
|---|-------------------------------|--|---|---|---|---|---|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>137</u>  |   | PRIMARY REG. DIST. NO. <u>3023</u>  |   | Registrar's No. <u>43</u>   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: rank/enroll before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>           |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>   |                               | c. LENGTH OF STAY (In this place) <u>13 yrs.</u>   |   | c. CITY OR TOWN <u>Clinton</u>  |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp.</u>  |                               |  |   | e. STREET ADDRESS (If rural, give location) <u>614 North Water 0422</u>   |   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ERNEST</u>   |                               |  | b. (Middle) <u>WILLIAM</u>                          |   | c. (Last) <u>KING</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1954</u> |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>                            | 8. DATE OF BIRTH <u>Oct 2 1938</u>                  |   | 9. AGE (In years last birthday) <u>15</u>                       | IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>  | IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School pupil</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lake View North Carolina</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |   |  |
| 13a. FATHER'S NAME <u>Ernest W King</u>   |                               |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Bain</u>          |   | 14. NAME OF HUSBAND OR WIFE <u>None</u>                         |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |                               | 16. SOCIAL SECURITY NO. <u>no</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. W. King Clinton Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.  |                               |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Both legs broken Auto. accident, internal injuries &amp; shock</u> |   |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hr</u> |
|   |                               |  |   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____      |   |   |   |  |
|   |                               |  |   | II. OTHER SIGNIFICANT CONDITIONS<br>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) <u>Clinton MO 042</u>   |   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____  |                               | 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>7-16</u> , 19 <u>54</u> , to <u>7-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-16</u> , 19 <u>54</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above. |                               |  |   |   |   |   |   |  |
| 23a. SIGNATURE (Degree or title) <u>E. Walker M.D.</u>  |                               |  |   | 23b. ADDRESS <u>Clinton Mo</u>  |   | 23c. DATE SIGNED <u>7-17-54</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>7/18/54</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> |   | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u> |   |   |  |
| DATE REC'D BY LOCAL REG <u>July 18-54</u>   |                               | REGISTRAR'S SIGNATURE <u>Florence Adams</u>  |   | FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u>  |   | ADDRESS <u>Funeral Home Clinton Mo</u>  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by \_\_\_\_\_, Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed F. Lee Schobert.....

Licensed Embalmer No.....<sup>4</sup>

P. O. Address Cent.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.