

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 27 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1007

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1501 Prospect Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>STELLA</u> b. (Middle) _____ c. (Last) <u>KING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 23, 1883</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>James Elder</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Bainge</u>	14. NAME OF HUSBAND OR WIFE <u>LeRoy C. King (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harold Brummer St. Joseph, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Embolism</u> ANTECEDENT CAUSES <u>Veinous Thrombosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Cardiomegaly, Myocardial Weakness</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>Between 5-6</u>  <u>?</u>  <u>Several months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>466x</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>7-17, 1954</u> to <u>9-15, 1954</u> , that I last saw the deceased alive on <u>9-15, 1954</u> , and that death occurred at <u>9:45A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert M. Allison, M.D.</u>		23b. ADDRESS <u>St. Joseph, Missouri</u>	
23c. DATE SIGNED <u>9-17-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 20, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mound City, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 21, 1954</u>		REGISTRAR'S SIGNATURE <u>Robert M. Allison</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Stamer Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

OCT 9 1930

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles E. Bennett*

Signed.....

Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.