

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

336113

State File No.

No. 300
10.48

FILED OCT 25 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 964

| | | | |
|---|--|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>50 years</u> | c. CITY OR TOWN <u>Springfield</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTIONS <u>Springfield Baptist Hospital</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>730 N. Robberson Avenue</u> | |

| | | | | | |
|--|---|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>EDWIN</u> | a. (First) | b. (Middle) <u>CLARK</u> | c. (Last) <u>KING</u> | 4. DATE OF DEATH <u>October 18, 1954</u> | (Month) (Day) (Year) |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>17 Sept. 1871</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Postal Clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Post Office</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>William N. King</u> | 13b. MOTHER'S MAIDEN NAME <u>Louise Paralee Headlee</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Lee King</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish Am. War</u> | 16. SOCIAL SECURITY NO. <u>----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Marv Lee King, Springfield, Missouri</u> |

| | | | |
|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | |
| | ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | |
| | DUE TO (b) <u>Fractured hip</u> | | <u>10 days</u> |
| | DUE TO (c) <u>Arteriosclerosis</u> | | <u>2 years</u> |
| | II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Senility</u> | | |

| | | |
|--|--|--|
| 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) <u>133</u> (STATE) |
| 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 12-3, 1951, to October 18, 1954, that I last saw the deceased alive on October 18, 1954, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

| | | |
|---|--|--|
| 23a. SIGNATURE (Degree or title) <u>C. E. Feller M.D.</u> | 23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u> | 23c. DATE SIGNED <u>10-20-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>22 Oct 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |

| | | | |
|--|---|---|---------|
| DATE REC'D BY LOCAL REG. <u>10-22-54</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank C. Phinizy, Springfield, Missouri</u> | ADDRESS |
|--|---|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 21 1950

OCT 25

OCT 26 1950

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 *Fred C. Thorne*

Licensed Embalmer No. 2899
Springfield,
P. O. Address Missouri.....

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.

State...