No. 300
10.48

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

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36173

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (In this place): 10 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Miami Tws.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 4 Miles S.E.Miami

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

4. DATE OF DEATH (Month) (Day) (Year): Nov.4th,1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov.15,1942
9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR: Months 11, Days 19 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School boy
10b. KIND OF BUSINESS OR INDUSTRY: Public school
11. BIRTHPLACE (City and State or Foreign Country): Marshall, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Arthur King
13b. MOTHER'S MAIDEN NAME: Lorretta Garrett
14. NAME OF HUSBAND OR WIFE: ----------

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Charles A.King, Miami,Mo. R # 2.

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) Crushed by tractor on farm. — Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Broken neck and head
DUE TO (c) injuries.

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

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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 4 Miles S.E. Miami
21c. (CITY, TOWN, OR TOWNSHIP): Miami Twp. (COUNTY): Saline. (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-4-1954. 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Tractor turned over Crushed body

22. *I hereby certify that I attended the deceased from* Made investigation 11-4-1954, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless M.D. Coroner Saline Co.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 11-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.6,1954
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemeteey
24d. LOCATION (City, town, or county) (State): Marshall, Mo.

DATE REC'D BY LOCAL REG.: 11-6-54
REGISTRAR'S SIGNATURE: Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Campbell-Lewis MARSHALL, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 470

P. O. Address Marshall,

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