

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36657

State File No. ....

BIRTH NO. 76411-54 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>BUCLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Poplar Bluff</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 Days</b>		STREET ADDRESS (If rural, give location) <b>01270</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>DRS. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROGER</b> b. (Middle) <b>KEITH</b> c. (Last) <b>KING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-19-1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-17-1954</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Poplar Bluff, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Gerald King</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Ellis</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NO.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Poplar</b> ADDRESS <b>GERALD KING-413 Washington, Missouri</b>
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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) <b>Pulmonary Atelectasis</b>		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-13-, 1954, to 11-19-, 1954, that I last saw the deceased alive on 11-19-, 1954, and that death occurred at 10:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Marvin R. Barbour M.D.</b>	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>11/23/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shain Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Butler, County, MO.</b>
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DATE REC'D BY LOCAL REG. <b>12/2/54</b>	REGISTRAR'S SIGNATURE <b>J. C. White</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. White</b> ADDRESS <b>Fisk, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
DEC 6 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

*Not Embalmed*

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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 embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.