

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5010** Registrar's No. **2**

**1. PLACE OF DEATH**  
 a. COUNTY **Andrew**  
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give town) **Rural 8 mi north**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Savannah on Highway 71**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **nodaway**  
 c. CITY OR TOWN **Rural Maitland**  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 STREET ADDRESS (If rural, give location) **R. F. D. 1 0740**

**3. NAME OF DECEASED**  
 a. (First) **Gladys** b. (Middle) \_\_\_\_\_ c. (Last) **King**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year) **1-5-1955**  
**5. SEX** **Female** **6. COLOR OR RACE** **white**  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **widowed** **8. DATE OF BIRTH** **2-10-8-1903**  
**9. AGE** (1- years last birt. (day) Months Days Hours Min. **56 3 27**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **At Home**  
**10b. KIND OF BUSINESS OR INDUSTRY** **Home-own**  
**11. BIRTHPLACE** (City and State or Foreign Country) **Starsbury Mo**  
**12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **A. D. M. Henry** **13b. MOTHER'S MAIDEN NAME** **Lou Wright** **14. NAME OF HUSBAND OR WIFE** **Bryant King**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **no** (If yes, give wd or dates of service) \_\_\_\_\_  
**16. SOCIAL SECURITY NO.** **unknown** **17. INFORMANT'S SIGNATURE OR NAME - ADDRESS** **Max Zoo. Gowen Blues prairie mo**

**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.  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Severed cervical spinal cord**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Fractured cervical vertebrae**  
 DUE TO (c) **Automobile accident.**  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**  
**5 minutes**

**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.) **Highway** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **Benton twship Andrew Missouri**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) **January 5, 1955 8:20 p.m.** **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** **Automobile accident.**

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.**  
**8:20 p.m.**

**23a. SIGNATURE** **W. B. Appin, D.O., Coroner** (Degree or title) **23b. ADDRESS** **307 W. Appin, Savannah Mo.** **23c. DATE SIGNED** **1/5/55**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **BURIAL** **24b. DATE** **1-14-1955** **24c. NAME OF CEMETERY OR CREMATORY** **Maitland** **24d. LOCATION** (City, town, or county) (State) **Maitland Mo**

**DATE REC'D BY LOCAL REG.** **1-14-55** **REGISTRAR'S SIGNATURE** **Hellen Sparks** **25. FUNERAL DIRECTOR'S SIGNATURE** **Breit Funeral Home Savannah Mo** **ADDRESS**

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

1958  
MAY 9

DEC 9 1958

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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 *E. C. Breit*.....

Licensed Embalmer No *2654*

P. O. Address *Savannah*

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.