

# STANDARD CERTIFICATE OF DEATH

State File No. **8634**

FILED MAR 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 34

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Johnson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OSI 2</u> OR TOWN <u>Warrensburg,</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>123 North Water St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>CHARLES LEWIS KING</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 16th, 1955</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Colored</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 16, 1910</u>	<b>9. AGE</b> (In years last birthday) <u>45</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 15 MINS.</b> Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Laborer,</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Warrensburg, Johnson Co. Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>James King</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Hattie Banks</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Lula B. King,</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>506-05-8334</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mr. Perry King, Warrensburg, Missouri.</u>

<b>18. CAUSE OF DEATH</b> 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.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 days</u>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Tuberculosis</u>		DUE TO (b) _____  DUE TO (c) <u>5700</u>
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Surgery - Resection of Bowel</u>		<u>3 hrs</u>

<b>19a. DATE OF OPERATION</b> <u>Mar. 16, 1955</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Resection of bowel</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from 3-14 1955, to 3-16- 1955, that I last saw the deceased alive on 3-16- 1955, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree of title) <u>R. Lee Cooper M.D.</u>		<b>23b. ADDRESS</b> <u>Warrensburg, Missouri.</u>	
<b>23c. DATE SIGNED</b> <u>3-17-1955</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>3-20-1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunset Hill Cemetery,</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Warrensburg, Missouri.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Mar. 17, 1955</u>		<b>REGISTRAR'S SIGNATURE</b> <u>147</u> <u>Savannah Cuthfield</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>R.A. Brauningner, Warrensburg, Missouri.</u>		<b>ADDRESS</b>	

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

8967

NOV 26 1958

RECEIVED  
MAR 21 1955  
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

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 .....  
Student Embalmer

Signed W. A. B. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.