

FILED APR 18 1955

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11053**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **382**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN St. Joseph	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) Lifetime		e. STREET ADDRESS (If rural, give location) 1824 Dewey Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1824 Dewey Ave.			

3. NAME OF DECEASED (Type or Print) Elmer C. King	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 8, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 20, 1895	9. AGE (In years last birthday) Months Days 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner	10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaning Plant	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles King	13b. MOTHER'S MAIDEN NAME Caroline Degen	14. NAME OF HUSBAND OR WIFE Alma King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#1.	16. SOCIAL SECURITY NO. 491-10-6211	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma King St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) of intracardiac fibrillation		INTERVAL BETWEEN ONSET AND DEATH 3 years 3 1/2 years.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart failure		
	DUE TO (c) Arteriosclerotic heart disease		
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 4200	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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **April 20, 1954** to **April 8, 1955**, that I last saw the deceased alive on **April 6, 1955**, and that death occurred at **8:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Lucas W. Ide M.D.	(Degree or title)	23b. ADDRESS 902 Chippewa St. St. Joseph, Mo. 445	23c. DATE SIGNED 4-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. April 13, 1955	REGISTRAR'S SIGNATURE Casher M. Allison	485-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoffer & Seltsman St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MS OCT 15 1958

APR 21 1958

APR 28 1958

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. 3258

P. O. Address St. Joseph

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.