

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12652**

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3042** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 508 Birch	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED a. (First) Raymond b. (Middle) D. c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) 4/13/55			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/18/1905	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gransville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James C. King	13b. MOTHER'S MAIDEN NAME Anna Lee Orr	14. NAME OF HUSBAND OR WIFE Viola King
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola King, 508 Birch	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardiopathy		MEDICAL CERTIFICATION Hannibal, Mo. INTERVAL BETWEEN ONSET AND DEATH 2 weeks ??
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion, old.		
	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 4201	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 27, 1955** to **April 2, 1955**, that I last saw the deceased alive on **April 2, 1955**, and that death occurred at **8:30A** m., from the causes and on the date stated above.

23a. SIGNATURE Robert Lanning MD (Degree or title)	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 4/14/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.
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DATE REC'D BY LOCAL REG. 4/21/55	REGISTRAR'S SIGNATURE Nem Luke Byrd	25. FUNERAL DIRECTOR'S SIGNATURE J.M. O'Donnell	ADDRESS Hannibal, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 26 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED APR 26 1955

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

working under my personal supervision.

Student Embalmer No.....

Signed

H. M. O'Donnell

Signed.....

Student Embalmer

Licensed Embalmer No. 3889

P. O. Address Hannibal, Missouri

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.