

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1259**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **145** PRIMARY REG. DIST. NO. **5566** Registrar's No. **106**

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Boss Star RR. Dent</b>		c. CITY OR TOWN <b>Boss Mo.</b>	d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>Star Route</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Earl</b>	b. (Middle) <b>None</b>	c. (Last) <b>King</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 10 56</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12/10/1905</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Boss, Mo Star Route</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wite King</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Pryor</b>	14. NAME OF HUSBAND OR WIFE <b>Virgie King</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW #2</b>	16. SOCIAL SECURITY NO. <b>353-05-8524</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lawrence King</b>	ADDRESS <b>Boss, Mo Star RR</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, asphyxia, 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>Suicide</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) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Boss Star Route Iron Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2 10 56 7A<sup>PM</sup></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Shot Gun blast in Face</b>
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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 **7.00A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.P. Howell</b> Coroner (Degree or title)	23b. ADDRESS <b>Ironton, Mo.</b>	23c. DATE SIGNED <b>2/10/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/13/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Boss Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Boss Dent County Mo</b>
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DATE REC'D BY LOCAL REG. <b>Feb 11-1956</b>	REGISTRAR'S SIGNATURE <b>Mrs Elizabeth Logan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl J. ...</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1956

**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.....  
*Carl J. Gurner*

Licensed Embalmer No. *237*

P. O. Address *Salem, N.J.*

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.