

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2007**

BIRTH NO. _____		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1630 Singleton Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>King</u> c. (Last) <u>King</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 18, 1914</u>	
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Days <u>8</u>		IF UNDER 24 HRS. Hours <u>13</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Defense Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hellinot Plant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Frank Barr</u>		13b. MOTHER'S MAIDEN NAME <u>Winifred Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Marvin King (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert King Hannibal Missouri</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4214</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>Jan. 1, 1956</u> , to <u>Jan. 31, 1956</u> , that I last saw the deceased alive on <u>Jan. 31, 1956</u> , and that death occurred at <u>12:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jan Canella M.D.</u> (Degree or title)				23b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>		23c. DATE SIGNED <u>2-1-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-2-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Cemetery, Hannibal - Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>2-2-56</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Leubke</u>		25. BUREAU DIRECTOR'S SIGNATURE <u>Robert King</u>		ADDRESS <u>Hannibal Mo</u>	

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

FEB 4 1956

RECEIVED
RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED FEB 4 1956

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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 *John S. Stand*

Licensed Embalmer No...4540...

P. O. Address...Hannibal, Miss.

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.