No. 300
10.48

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7829

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1408 West Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Nevada
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1408 West Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): John
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): March 6 1956

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 29, 1880
9. AGE (In years last birthday): 75 — 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): Operator, Mo. Publ. Service
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Cumberland Gap, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Wesley King
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Harold
14. NAME OF HUSBAND OR WIFE: Ada May King
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.: 491-05-8620
17. INFORMANT'S SIGNATURE OR NAME: Virgil L. King — ADDRESS: 320 N. Main, Nevada

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) Osteo-myelitis R. Knee — INTERVAL BETWEEN ONSET AND DEATH: Jan 1 to Mar 6. 1956.

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. Hypertension — at times since June 1955.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None. 7302
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nevada Vernon Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No known injury.

22. *I hereby certify that I attended the deceased from* June 11, 1955, *to* Mar 6, 1956, *that I last saw the deceased alive on* Mar 5, 1956, *and that death occurred at* 8:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. S. Lowe (Degree or title) MD
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 3-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 8, 1956
24c. NAME OF CEMETERY OR CREMATORY: Moore Cemetery
24d. LOCATION (City, town, or county) (State): Nevada Missouri

DATE REC'D BY LOCAL REG.: 3-9-1956
REGISTRAR'S SIGNATURE: Omar J. Ferrier 451
25. FUNERAL DIRECTOR'S SIGNATURE: Ferry Funeral Home
ADDRESS: Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 482

P. O. Address Nevada, Lis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.