

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30792**  
Registrar's No. **4022**

FILED OCT 3 1956

BIRTH NO. **10430 59209-52** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **6002**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Harry M. Gilkey

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b> b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b> c. LENGTH OF STAY (In this place) <b>19 22 DAYS</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b> d. STREET ADDRESS (If rural, give location) <b>3798 3508 E. 58th TERRACE</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>WILLIAM</b> b. (Middle) <b>ROBERT</b> c. (Last) <b>KING</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>9 12 56</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>NEVER MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>8-23-56</b>
<b>9. AGE</b> (In years last birthday) <b>NEWBORN</b>	IF UNDER 1 YEAR Months <b>23</b> Days <b>19</b>	IF UNDER 24 HRS. Hours <b>23</b> Min. <b>19</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>MISSOURI</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>NEW BORN</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>NEW BORN</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
<b>13a. FATHER'S NAME</b> <b>BILLY FRANKLIN KING</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>PHYLLIS CAROL TROWER</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>NEW BORN</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>PHYLLIS TROWER KING</b> ADDRESS <b>3508 E. 58th TERR K.C.</b>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Permalunty</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Congenital Atrisia Oreadem</b> <b>DUE TO (c) Purpura</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>AUG. 23</b> , 19 <b>56</b> , to <b>SEPT. 12</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>SEPT. 12</b> , 19 <b>56</b> and that death occurred at <b>2:16 P.m.</b> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <b>Harry M. Gilkey M.D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>1624 Prof Bldg</b>	<b>23c. DATE SIGNED</b>
<b>24a. BURIAL CREMATION REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>9-12-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Beverly, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>9-13-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Neva Minchall</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Edwards Mortuary Beverly, Mo</b> ADDRESS	

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*John R. Sidman*  
Licensed Embalmer No. 4531  
P. O. Address Kansas City, Mo.

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.