S. No. 300
V. 10.48

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31711

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (In this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Mt Vernon
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
No. STREET ADDRESS (If rural, give location): 0550 1

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

4. DATE OF DEATH (Month) (Day) (Year): Sept 21 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct 25 1867
9. AGE (In years last birthday): 88 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and State or Foreign Country): Phelps Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry George
13b. MOTHER'S MAIDEN NAME: Kate Hocker
14. NAME OF HUSBAND OR WIFE: George L. 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.: ------
17. INFORMANT'S SIGNATURE OR NAME: Paul King
ADDRESS: Mt. Vernon Missouri

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerosis

DUE TO (c) Senility

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 4261
20. AUTOPSY? YES [ ] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 14, 1956, *to* Sept 21, 1956, *that I last saw the deceased alive on* Sept 21, 1956 *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. O. DeWitt (Degree or title) DO
23b. ADDRESS: Waynesville Missouri
23c. DATE SIGNED: 9/21/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 24 56
24c. NAME OF CEMETERY OR CREMATORY: Rose Lawn Mem Park
24d. LOCATION (City, town, or county) (State): Little Rock Arkansas

DATE REC'D BY LOCAL REG.: 9-22-56
REGISTRAR'S SIGNATURE: Eula Mae Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: Max Fossett Funeral Home
ADDRESS: Mt. Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

4.58

RECEIVED 9-29-56
Pulaski County Health Officer
File Number 134
Date Filed 9-29-56

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Gross

Licensed Embalmer No. 489

P. O. Address Waynesvill

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