

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41003
STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 78 Primary Registration District No. 4125 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Daviess</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gallatin</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>---</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> c. CITY OR TOWN <u>Gallatin</u> d. STREET ADDRESS (If outside, give location) <u>---</u>							
3. NAME OF DECEASED (Type or print) First <u>Don</u> Middle <u>Roy</u> Last <u>King</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>19</u> Year <u>1956</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 22 1878</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>31</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Drug Store</u>				11. BIRTHPLACE (City and state or country) <u>Bedford, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Allen King</u>						14. MOTHER'S MAIDEN NAME <u>Caroline Whitney</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish American</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Don R. King</u> Address <u>Gallatin, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Unborn</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u> a. m. <u>---</u> p. m. <u>---</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from <u>dead on arrival</u> and last saw <u>her</u> alive on <u>12/17/56</u> Death occurred at <u>About 4 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Dr. J. C. Richesson M.D.</u>						22b. ADDRESS <u>Gallatin Mo</u>			22c. DATE SIGNED <u>12/21/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>12-21-1956</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>			23d. LOCATION (City, town, or county) <u>Gallatin, Mo.</u> (State)		
24. FUNERAL DIRECTOR ADDRESS <u>J. C. Richesson Hope Funeral Home, Gallatin, Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>12-26-56</u>			26. REGISTRAR'S SIGNATURE <u>Virginia M Engelbert</u>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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DEC 12 1962

NOV 28 1962

JUL 18 1962

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 *L. O. Peterson*

Licensed Embalmer No. *33*

P. O. Address *Dallatin*

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