

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44645

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5231 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL SHERMAN TWP.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 737 WASHINGTON BLVD.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles W of Creighton			

3. NAME OF DECEASED (Type or Print)	a. (First) APPLE	b. (Middle) MAY	c. (Last) KING	4. DATE OF DEATH (Month) (Day) (Year) 12 22 1956
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 14, 1928	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LEAD HILL, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lonnie A. R. 995	13b. MOTHER'S MAIDEN NAME DELLAR ARE	14. NAME OF HUSBAND OR WIFE Johndie Jr. King
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 432 44 4799	17. INFORMANT'S SIGNATURE OR NAME Lonnie R. 995 Jr.	ADDRESS RT. 4, Harrison, ARK.
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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		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN TRAUMA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) SKULL FRACTURE		
	DUE TO (c) AUTO ACCIDENT		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sherman Twp. CASS MISSOURI
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 22 1956 4: P.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4 P** m., from the causes and on the date stated above.

23a. SIGNATURE Seard Jander (Degree or title) Crowder	23b. ADDRESS Pleasant Hill, Mo	23c. DATE SIGNED 12/22/56
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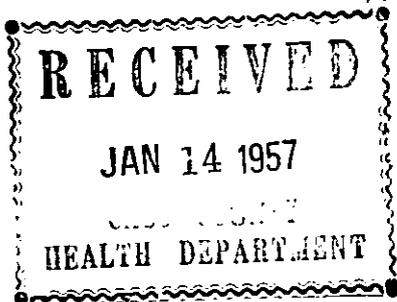
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/23/56	24c. NAME OF CEMETERY OR CREMATORY KAYZEE Cemetery	24d. LOCATION (City, town, or county) (State) Monarch, ARKANSAS
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DATE REC'D BY LOCAL REG. 12/26/56	REGISTRAR'S SIGNATURE Thelma Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home, Yellville, Arkansas	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

6.300
0.48



APR 2 1957

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Robert W Atkinson*

Licensed Embalmer No. *4902*

P. O. Address *Harrisville, 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.