

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

594

STATE FILE NUMBER

FILED JAN 21 1957

Registration District No. 11 Primary Registration District No. 4107 Registrar's No. 3

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Spgs</u> | | c. CITY OR TOWN <u>El Dorado Spgs 201</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chambers Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>RFD-A 5</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>WARREN</u> Middle <u>P.</u> Last <u>KING</u> | | 4. DATE OF DEATH Month <u>JAN</u> Day <u>17</u> Year <u>1957</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>SEPT 28 1871</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Ohio</u> |
| 13. FATHER'S NAME <u>Alfred King</u> | | 14. MOTHER'S MAIDEN NAME <u>Minerva Asheto Kennedy</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>479-12-8742</u> | 17. INFORMANT <u>Glenna King El Dorado Spgs. Rt 5</u> Address |
| 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>Cerebral encephelomalacia</u> DUE TO (b) <u>cerebral arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic Heart disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 _____ a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <u>Apr. 1955</u> to <u>1-17-57</u> and last saw <u>him</u> alive on <u>1-17-57</u> Death occurred at <u>8:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Robert L. Magier M.D.</u> | | 22b. ADDRESS <u>El Dorado Springs, Mo.</u> | 22c. DATE SIGNED <u>1-18-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-18-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Clintonsville</u> | 23d. LOCATION (City, town, or county) (State) <u>Cedar Co Mo</u> |
| 24. FUNERAL DIRECTOR <u>Magier, El Dorado Spgs Mo</u> | | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE <u>George W. Magier</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Hugh S. Allen*.....

Licensed Embalmer No. *218*

P. O. Address *Colorado*

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.