FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 9680

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp. — Length of stay in 1b 2 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Waynesville, Mo. 0850 — Inside Limits Yes ☐ No X
d. STREET ADDRESS Rural Rt. # 2. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Merle. Middle L. Last King.

4. DATE OF DEATH: Month 3 Day 22 Year 1957

5. SEX: Female

6. COLOR OR RACE: White.

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 13, 1899

9. AGE (In years last birthday): 57 — 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: Unknown.

11. BIRTHPLACE (City and state or country): Marionville, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eli. Forester.

14. MOTHER'S MAIDEN NAME: Margaret Copeland.

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.: Unknown.

17. INFORMANT: Ollie King. Address: Waynesville, Mo Rt#2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral Metastasis — 1 Mo

DUE TO (c) Metastatic Carcinoma — 6 Mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb 4, 1957 to 3-22-57 and last saw her him alive on 3-22-57

Death occurred at 7:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. D. Lewis D.O. (Degree or title) 2

22b. ADDRESS Waynesville, Missouri

22c. DATE SIGNED 3-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/25/57

23c. NAME OF CEMETERY OR CREMATORY: Belleview Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Mo Rural.

24. FUNERAL DIRECTOR: Hedges Funeral Home — ADDRESS: Richland, Mo Crocker, Mo

25. DATE RECD. BY LOCAL REG.: 3-25-57

26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by [illegible] Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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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RECEIVED 3-30-57
Pulaski County Health Officer
File Number 33
Date Filed 3-25-57

APR 4 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Moose

Licensed Embalmer No. 4896

P. O. Address Waynesville

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