V.S. No. 300
Rev. 10.48

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

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12451

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill
c. LENGTH OF STAY (in this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 937 Olive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN: Pleasant Hill
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 937 Olive

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

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1957

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 1, 1869
9. AGE (In years last birthday): 87
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. maintenance
11. BIRTHPLACE (City and State or Foreign Country): Cherokee Co., Georgia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James W. King
13b. MOTHER'S MAIDEN NAME: Delania (Unknown)
14. NAME OF HUSBAND OR WIFE: Mrs. Lena King, deceased

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.: 492-18-0797
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ray Fogle
ADDRESS: Pleasant Hill, Mo.

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) Hypernephroma rt kidney — INTERVAL BETWEEN ONSET AND DEATH: 7 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with pulmonary and
DUE TO (c) cerebral metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-15-50
19b. MAJOR FINDINGS OF OPERATION: Hypernephroma rt kidney (nephrectomy) 180X
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* 1-25- 1957, *to* 4-24- 1957, *that I last saw the deceased alive on* 4-24-57 19__, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C W Ellison MD
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 4-24-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/25/57
24c. NAME OF CEMETERY OR CREMATORY: Blue Springs Cemetery
24d. LOCATION (City, town, or county) (State): Blue Springs, Missouri

DATE REC'D BY LOCAL REG.: 4-28-57
REGISTRAR'S SIGNATURE: Nora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Brownfield-Stanley
ADDRESS: Pleasant Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
MAY 6 1957
CASS COUNTY
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Raymond R. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.