

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14186**

BIRTH DATE **FILED MAY - 9 1957** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN Rolla		c. CITY OR TOWN Heardsburg	
c. LENGTH OF STAY (in this place) 5 MIN.		d. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) OTTO c. (Last) KING			4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH 8-18-1894		9. AGE (in years last birthday) 62		10. IF UNDER YEAR Days Hours Min. 8 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flooring Machine Repairing		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Pike Co. Mo.	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Wesley King		13b. MOTHER'S MAIDEN NAME Sarah DUNN		14. NAME OF HUSBAND OR WIFE Divorced	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-14-7705		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert J. King ST. Clair, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Palmonary Edema and Bronchospasm		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Palmonary Edema and Bronchospasm		INTERVAL BETWEEN ONSET AND DEATH 24 hours	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure		5 years	
		DUE TO (c) Rheumatic Heart Disease		Unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Prostatitis		24 hours	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 416x		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1955**, 19___, to **5-4**, 19**57**, that I last saw the deceased alive on **5-4**, 19**57**, and that death occurred at **7:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Carrishan M.D.		23b. ADDRESS Bourbon, Mo.		23c. DATE SIGNED 5-4-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-6-57		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
		24d. LOCATION (City, town, or county) (State) Sullivan Mo			

DATE REC'D BY LOCAL REG. May 4, 1957		REGISTRAR'S SIGNATURE Nadine L. Stoeck		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman E. Hoover Cuba, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

380

RECEIVED

Phelps County Health Officer,

County File Number 702

Date Filed MAY 7 1957

MAY 13 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 Norman Q. Gaener
Licensed Embalmer No. 4673

P. O. Address Cuba, 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.