

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 1 6 2 6  
State File No.

FILED JUL 11 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFF.</u>		
b. CITY OR TOWN <u>HILLS BORO MO</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>HOUSE SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>			e. STREET ADDRESS (If rural, give location) <u>15<sup>th</sup> St</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>MARY</u> c. (Last) <u>KING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH approx. <u>10-19-1868</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>HOUSE SPRINGS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Geo. Reinhold King</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SNEHLA</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Valentine King House Springs MO</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>@ 6 Mo</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u>			3 Yrs	
	DUE TO (c) _____				
	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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from June 25, 1957, to July 4, 1957, that I last saw the deceased alive on July 3, 1957, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Slaacke M.D.</u>		23b. ADDRESS <u>3606 Grannis St. Louis 16 Mo</u>	23c. DATE SIGNED <u>7-6-57</u>
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 8 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ROCK CREEK MO</u>	
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DATE REC'D BY LOCAL REG. <u>6-6-57</u>	REGISTRAR'S SIGNATURE <u>Oleta Pirandery Dep</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DRUMMER FUNERAL HOME House Springs MO</u>		
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4  
JOHN WILSON-DARKE, M.D.

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 6 1967

1967 JUL 2 100

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 *John W. Brummer*

Licensed Embalmer No. 1470

P. O. Address *Howe Ave*

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.