

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

77 022 2263  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046 Registrar's No. 17

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Charles</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural-Callaway</b> |  | c. CITY OR TOWN <b>New Melle</b> c. LENGTH OF STAY (in this place) <b>35 years</b>   | 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 <b>2 mile North of New Melle</b>                      |  | e. STREET ADDRESS (If rural, give location) <b>Mo. 1/2 Mile North of New Melle, Mo.</b>  |   |

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| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>G.</b> c. (Last) <b>King</b> |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 12 1957</b>          |  |
| 5. SEX <input type="radio"/> Male <input type="radio"/> Female  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Nov. 6, 1868</b>       |
| 9. AGE (In years last birthday) <b>88</b>   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>    | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

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|---|--|---|
| 13a. FATHER'S NAME <b>Unknown</b>   | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Laura King</b>                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>1886</b> | 16. SOCIAL SECURITY NO. <b>None</b>      | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Laura King Wentzville, Mo.</b> |

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|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL DEGENERATION</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 YRS</b> |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>HYPERTENSION</b><br>DUE TO (c) <b>ARTERIOSCLEROSIS</b> |  |  |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |

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| 19a. DATE OF OPERATION                   | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? <b>2</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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)<br><b>443x</b>                               |

|   |  |                            |
|---|--|----------------------------|
| 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 **5-27**, 19**57** to **6-12**, 19**57**, that I last saw the deceased alive on **6-9**, 19**57**, and that death occurred at **11:2** m., from the causes and on the date stated above.

|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE <b>W. J. Boushner</b> (Degree or title) <b>Doc</b> | 23b. ADDRESS <b>Wentzville</b> | 23c. DATE SIGNED <b>6-13-57</b> |
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|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>June 15, 1957</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Wright City Mo.</b> |
|---|--------------------------------|--|--|

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| DATE REC'D BY LOCAL REG. <b>July 4/1957</b> | REGISTRAR'S SIGNATURE <b>Mat F. P.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Morris M. Murching, Wentzville, Mo.</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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

108  
19/57

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 *Howard O Kessler*

Licensed Embalmer No. *46*

P. O. Address *Wentzville*

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.