

Health, Welfare, Public Service

300  
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

229

FILED JUL 29 1957

STANDARD CERTIFICATE OF DEATH

25536  
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 4381 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hopkins</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hopkins</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Home</b>		Length of stay in lb <b>80 yrs</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Samuel</b>				First <b>L.</b>		Middle <b>King</b>	
Last <b>King</b>				4. DATE OF DEATH <b>July 20, 1957</b>		Month <b>July</b> Day <b>20</b> Year <b>1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 4, 1870</b>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>7</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret stock buyer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>stock buying</b>			11. BIRTHPLACE (City and state or country) <b>Westmorland, Pa.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				13. FATHER'S NAME <b>James D. King</b>			
14. MOTHER'S MAIDEN NAME <b>Mary Ellen Earhart</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			
16. SOCIAL SECURITY NO. <b>Unknown</b>				17. INFORMANT <b>Mrs. Sarah V. King Hopkins, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Arteriosclerosis</b> <b>Senility</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>334X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>10 yrs</b>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		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. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Hopkins, Missouri</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>11/1/57</b> to <b>July 20 1957</b> and last saw her <b>July 20 '57</b> and last saw him <b>July 20 '57</b> Death occurred at <b>1-45</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>C. H. Kirk M.D.</b>				(Degree or title)		22b. ADDRESS <b>Hopkins, Mo</b>	
22c. DATE SIGNED <b>7-20-57</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/23/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hopkins Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hopkins, Missouri</b>	
24. FUNERAL DIRECTOR <b>W. H. Johnson</b>				ADDRESS <b>Mayville</b>		25. DATE RECD. BY LOCAL REG. <b>7-27-57</b>	
26. REGISTRAR'S SIGNATURE <b>Bess Bolt</b>							

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
*G. M. Atkinson*

Licensed Embalmer No. *21*

P. O. Address *Maryville*

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.