

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1957

State File No. 28747

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5746 Registrar's No. 52

1. PLACE OF DEATH a. CITY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Liberty Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Liberty Township	
c. LENGTH OF STAY (In this place) 54 years		d. STREET ADDRESS (If rural, give location) 17 Mi. S.W. of Fredericktown	
d. FULL NAME OF HOSPITAL OR INSTITUTION 17 Mi. S.W. of Fredericktown		e. FULL NAME OF HOSPITAL OR INSTITUTION 17 Mi. S.W. of Fredericktown	

3. NAME OF DECEASED (Type or Print) Hattie	a. (First)	b. (Middle) Emily	c. (Last) King	4. DATE OF DEATH August 19, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 22, 1882	9. AGE (In years last birthday) 75	10. MONTHS 5	11. DAYS 27	12. IF ORDER IN REG. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iron County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Lewis	13b. MOTHER'S MAIDEN NAME Lane Williams	14. NAME OF HUSBAND OR WIFE Solomon King
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Audrey King: - Festus, Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH HOURS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) HYPERTENSIVE CARDIOVASCULAR		DISEASE 3 years
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 4201	20. AUTOPSY? 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 4-11-57, 1957, to 8-19, 1957, that I last saw the deceased alive on 8-10, 1957, and that death occurred at 10:00P m., from the causes and on the date stated above.

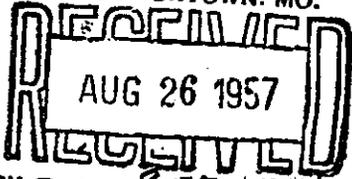
23a. SIGNATURE Marvin C. Meune (Degree or title) M.D.	23b. ADDRESS Fronton, Mo.	23c. DATE SIGNED 8-22-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 22, 1957	24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park	24d. LOCATION (City, town, or county) (State) Madison County, Missouri
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DATE REC'D BY LOCAL REG 8-22-1957	REGISTRAR'S SIGNATURE Florence C. Coker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Adalson Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ADAMSON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 227-24

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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 .....  
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4894

P. O. Address Fredericktown, 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.