

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32414

State File No. ....

FILED SEP 18 1957

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5580</u>		Registrar's No. <u>158</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN <u>Rural, Twin Groves</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY OR TOWN <u>Carl Junction</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>1/4 Mile South Carl Junction</u>				e. STREET ADDRESS (If rural, give location) <u>1/4 Mile South Carl Junction</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SHIRLEY</u>			b. (Middle) <u>JOAN</u>		c. (Last) <u>KING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-17-1957</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-29-1936</u>	
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months Days		IF UNDER 11 MRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawton, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Vernon Marshall</u>			13b. MOTHER'S MAIDEN NAME <u>Effie Mae Hall</u>			14. NAME OF HUSBAND OR WIFE <u>Wesley King</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>513-34-6636</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wesley King, R. 1, Carl Junction, Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>longstanding kidneys</u> DUE TO (c) <u>no evidence of poison in stomach</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		<u>603X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wesley King</u>				23b. ADDRESS <u>Just past 1 Bldg. Jpn</u>		23c. DATE SIGNED <u>9/6/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-20-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-9-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Suster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Junction, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

274-

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Date Filed SEP 16 1957

FEB 19 1958

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 Harvey E. Grace

Licensed Embalmer No. 446

P. O. Address Wichita

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.