

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1957

State File No. 32838

147

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>PORTAGEVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEMISCOT MEMORIAL HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>201 West 4th</u>				
3. NAME OF DECEASED a. (First) <u>JOHN</u>			b. (Middle) <u>HARRY</u>		c. (Last) <u>KING, SR.</u>		4. DATE OF DEATH <u>SEPT. 5, 1957</u> (Month) (Day) (Year)	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 19, 1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISBURG, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>ROBERT KING</u>			13b. MOTHER'S MAIDEN NAME <u>ANN INGRAM</u>		14. NAME OF HUSBAND OR WIFE <u>AGNES DELISLE KING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. HARRY KING PORTAGEVILLE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>starvation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident 2 mon.</u> DUE TO (c) <u>arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 mon</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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)				
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 <u>Sept</u> , 19 <u>55</u> , to <u>5 Sept</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5 Sept</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>C. S. Smith M.D.</u> (Degree or title)				23b. ADDRESS <u>Portageville, Mo.</u>		23c. DATE SIGNED <u>Sept 5</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 7, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE, MO.</u>		
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>John W. German</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DELISLE FUNERAL PARLOR, PORTAGEVILLE, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

406

9-242-57

SEP 16 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

**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.....  
Licensed Embalmer No.....4481

P. O. Address FORTAGEVILLE, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.