THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

STATE FILE NUMBER 33727

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7801

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis, Missouri. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital DOA Length of stay in Ib 38

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mississippi b. COUNTY Madison
c. CITY OR TOWN Canton Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 33 (If outside, give location) Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Nora Middle Mae Last King

4. DATE OF DEATH Month Day Year August 19, 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH November 11, 1921

9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and state or country) Ethel, Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William A. Blaine

13b. MOTHER'S MAIDEN NAME Hattie Higgs

14. NAME OF HUSBAND OR WIFE William King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. 426-05-1596

17. INFORMANT William A. Blaine, Address McCool, Mississippi.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Suffocation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Alcoholism

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I. Found in Lounge Car parked at 340 ave. 19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) August 19, 1957 at the hands of party or parties unknown E983X

20c. TIME OF INJURY 340 Hour a.m. Month, Day, Year 8.19.57

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Car

20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from 3.50 A to and last saw her/him alive on

Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James M Kelly (Degree or Title) Deputy Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 8-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8-20-57

23c. NAME OF CEMETERY OR CREMATORY Stonewall Cemetery

23d. LOCATION (City, town, or county) (State) Attala County, Mississippi

24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG. AUG 20 57

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J Wm Binsley

Licensed Embalmer No. 3 6

P. O. Address St Louis 8 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.