

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41262

State File No.

FILED NOV 25 1957

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY NEWTON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FORT CROWDER
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION USAH FT CROWDER, MISSOURI

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN
d. STREET ADDRESS (If rural, give location) 2110 PORTER STREET

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT b. (Middle) C c. (Last) KING
4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 6 1957

5. SEX MALE 6. COLOR OR RACE CAU 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 11 MAY 1931 9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED AIR FORCE 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME C. O. KING 13b. MOTHER'S MAIDEN NAME UNK 14. NAME OF HUSBAND OR WIFE ROSZELE M. KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN 16. SOCIAL SECURITY NO. UNK 17. INFORMANT'S SIGNATURE OR NAME MRS. ROSZELE M. KING ADDRESS 2110 PORTER

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC TESTICULAR CARCINOMA INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
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 _____ 20. AUTOPSY? YES NO

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) 178X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3 Nov, 1957, to 6 Nov, 1957, that I last saw the deceased alive on 6 Nov, 1957, and that death occurred at 1122A gm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cellan H. Tolson Capt. MC. 23b. ADDRESS FORT CROWDER, MISSOURI 23c. DATE SIGNED 6 NOV 57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 8 NOV 1957 24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY, 24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI

DATE REC'D BY LOCAL REG. 11-25-57 REGISTRAR'S SIGNATURE Thomas C. Dundon 25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER ADDRESS MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

22

RECEIVED

District Health Officer No. Newton
District File Number 1157-272
Date Filed NOV 22 1957

NOV 26 1957
DEC 4 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson Ave

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.