

Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **43329**

Registration District No. **370** Primary Registration District No. **6254** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY WAYNE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LODI			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN LODI		1119 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle EDWARD Last KING				4. DATE OF DEATH Month Nov. Day 29 Year 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 29, 1957		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8 Days 28 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) GRAND JUNCTION TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE KING				14. MOTHER'S MAIDEN NAME MARY IRVIN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT MATTIE K RILEY Address BYHALIA MISS.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 794X							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item-18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Near Lodi		COUNTY Wayne	STATE Mo
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 3:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Mawin E Bowles Coroner (Degree or title)				22b. ADDRESS Bedmont, Mo		22c. DATE SIGNED Nov. 29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 29-57	23c. NAME OF CEMETERY OR CREMATORY LODI CEM.		23d. LOCATION (City, town, or county) LODI, Mo.		(State)
24. FUNERAL DIRECTOR Lisk Funeral Home Address Greenville Mo			25. DATE RECD. BY LOCAL REG. Dec. 2-1957		26. REGISTRAR'S SIGNATURE Gretta M. Ward		

DEC 11 1957

RECEIVED
DEC 2 1957
WAYNE CO. HEALTH CENTER
FILE NO.

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 me, Student Embalmer No., working under my personal supervision..

Student
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Piedmont

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.