

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44015

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 153

| | | | | | | | | | |
|---|----------------------------------|--|--|---|---------------------------------------|--|---|------------------|--------|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Albany</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Gentry County</u> INSTITUTION <u>Memorial</u> | | | Length of stay in lb <u>1 day</u> | d. STREET ADDRESS <u>501 W. South</u> (If outside, give location) | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) <u>Mary</u> <u>Lucile</u> <u>King</u> | | | | First | Middle | Last | 4. DATE OF DEATH <u>Dec. 12, 1957</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Feb. 4, 1900</u> | | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>teaching</u> | 11. BIRTHPLACE (City and state or country) <u>New Hampton, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13. FATHER'S NAME <u>Frank Duncan</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Almira Banie</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. | | 17. INFORMANT <u>Mrs. Evelyn King</u> | | Address <u>Gower, Mo.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) <u>pernicious anemia</u> | | | | DUE TO (c) | | 6 mos. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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 Month, Day, Year a. m. p. m. | | | | | | | | | |
| 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 <u>Albany, Gentry Mo</u> | | COUNTY | | STATE | |
| 21. I attended the deceased from <u>6-4-57</u> to <u>12-12-57</u> and last saw ^{her} him alive on <u>12-12-57</u> Death occurred at <u>5:15 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Frank A. Rose, M.D.</u> | | | | 22b. ADDRESS <u>Albany Mo</u> | | | 22c. DATE SIGNED <u>12-13-57</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) | | STATE | | |
| <u>burial</u> | | <u>Dec. 15, 1957</u> | <u>Grandview</u> | | <u>Albany, Missouri</u> | | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks, Albany, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>12-15-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 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 ME, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No. 486

P. O. Address Albany, M

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