

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46937
STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 237

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall Township</u>		c. CITY OR TOWN <u>Marshall RFD #3</u> ⁰⁶⁷	
c. FULL NAME OF DECEASED <u>Simon Roy King</u>		d. STREET ADDRESS (If outside, give location) <u>2 miles north of Marshall</u>	
Length of stay in lb <u>3 weeks</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Simon Roy King</u>			4. DATE OF DEATH Month Day Year <u>Dec. 14, 1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 12, 1893</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Pettis County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Riley King</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Snapp</u>	14. NAME OF HUSBAND OR WIFE <u>Geneva Witcher King</u>
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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. <u>495-40-4869</u>	17. INFORMANT <u>Mrs. Geneva W. King</u>	Address <u>Marshall, Mo.</u>
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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>Suicide by hanging</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-11-17</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Despondent</u>		
DUE TO (c) _____		
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>By hanging. Self inflicted</u>
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20c. TIME OF INJURY <u>10-15 p.m.</u> Hour Month, Day, Year <u>12-14-57</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>His Farm House</u>	20f. CITY, TOWN, OR LOCATION <u>Marshall Twp.</u>	COUNTY <u>Saline</u>	STATE <u>Mo</u>
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21. I attended the deceased from made inquest 12-14-57 and last saw her alive on _____
Death occurred at 10-15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>P.L. Lawless M.D. Coroner Saline Co</u>	(Degree or title)	22b. ADDRESS <u>Marshall Mo</u>	22c. DATE SIGNED <u>12-15-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-16-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>
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24. FUNERAL DIRECTOR <u>Campbell-Lewis</u>	ADDRESS <u>Marshall, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-16-57</u>	26. REGISTRAR'S SIGNATURE <u>Cecil J. Read</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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JAN 8 1958
MAY 16 1958

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 *R. W. Campbell Jr.*
Licensed Embalmer No. *3469*
P. O. Address *Marshall*

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.