

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010675

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 72

Health, Welfare, Public Service

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-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms which are related. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If inside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Callao</u> 0610 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lamentan Hosp</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>0</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Sasan M King</u>			4. DATE OF DEATH Month Day Year <u>3-28-58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-24-81</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>elementary</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>76</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>elementary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>James H. King</u>	
13b. MOTHER'S MAIDEN NAME <u>Addie Haynes</u>		14. NAME OF HUSBAND OR WIFE <u>—</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. <u>—</u>	17. INFORMANT Address <u>Andrew C. King, Callao, 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>congestive heart failure</u> Conditions, if any, which gave rise to } DUE TO (b) <u>arterio-sclerotic heart disease</u> above cause (a), stating the underlying cause lost. } DUE TO (c) <u>uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>uremia</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4200</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE <u>Callao Mo</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Callao Mo</u>	
21. I attended the deceased from <u>Mar. 5, 1958</u> to <u>Mar. 28, 1958</u> and last saw her/him alive on <u>Mar. 28, 1958</u> Death occurred at <u>11:35</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. L. Durselen, D.O.</u>		22b. ADDRESS <u>Macon, Missouri</u>	
22c. DATE SIGNED <u>4-12-58</u>		22d. ADDRESS <u>Callao Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/30/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Chautau C</u>		23d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H. S. Edwards, Lewis Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4/12/58</u>	
26. REGISTRAR'S SIGNATURE <u>Cliff M. Greely</u>		26. REGISTRAR'S SIGNATURE <u>Cliff M. Greely</u>	

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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 *J. G. Edwards* .....

Licensed Embalmer No. *1561* .....

P. O. Address *Berwin Mo* .....

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.