

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017150
STATE FILE NUMBER

FILED APR 21 1958 Registration District No. 573 Primary Registration District No. 6271 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		c. CITY OR TOWN CONWAY MO R2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Township		d. STREET ADDRESS (If outside, give location) 6 mi WEST	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM R KING			4. DATE OF DEATH Month Day Year APR 10 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 8 1929	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME FRANK KING	13b. MOTHER'S MAIDEN NAME DAISY YOUNG	14. NAME OF HUSBAND OR WIFE DOROTHY
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES KOREAN	16. SOCIAL SECURITY NO. KOREAN	17. INFORMANT DOROTHY KING CONWAY MO R2	Address
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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) SUFFOCATION BY SMOKE		INTERVAL BETWEEN ONSET AND DEATH 9 1/2 16
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) THIRD DEGREE BURNS OVER ENTIRE BODY 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 checked="" 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.) FARM HOME COMPLETELY DESTROYED BY FIRE
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <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.) FARM HOME	20f. CITY, TOWN, OR LOCATION CONWAY COUNTY WEBSTER STATE MO R2
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **ABOUT 100 A M** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Oral Edwards Coroner 3	22b. ADDRESS Marshfield Mo	22c. DATE SIGNED 4/12/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-12-1958	23c. NAME OF CEMETERY OR CREMATORY ST LUKE	23d. LOCATION (City, town, or county) (State) WEBSTER Co MO
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24. FUNERAL DIRECTOR BARBER EDWARDS	ADDRESS MARSHFIELD	25. DATE RECD. BY LOCAL REG. 4-14-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secondary causes must be used only when primary cause is not clearly stated. All diseases in Part I must be causally related.

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1-57
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DEC 17 1958

APR 22 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 *Not Embalmed*

Licensed Embalmer No.....
P. O. Address.....

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.