

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017161

STATE FILE NUMBER

FILED APR 16 1958

Registration District No.

374

Primary Registration District No.

4547

Registrar's No.

116

1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Grant City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary's Nursing Home				Length of stay in lb 12 years		d. STREET ADDRESS (If outside, give location) 1138	
3. NAME OF DECEASED (Type or print) First Harry Middle Perry Last King				4. DATE OF DEATH March 17, 1958 Month Day Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒		8. DATE OF BIRTH Sept. 10, 1878	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours		IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Printer				10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (City and state or country) Marshall, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.							
13a. FATHER'S NAME Robert King				13b. MOTHER'S MAIDEN NAME Nettie Perry		14. NAME OF HUSBAND OR WIFE ~~XXXXXXXXXX~~	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 485-05-8109		17. INFORMANT Merideth E. King - Grant City, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 1 year	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						4500	
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 ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				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 ☐ NOT WHILE ☐ WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Oct 57		20f. CITY, TOWN, OR LOCATION Mar 17, 58		COUNTY STATE	
21. I attended the deceased from 8am to Mar 17, 58 and last saw ^{her} him alive on Mar 17, 58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank B. Matteson MD MB				22b. ADDRESS Grant City, Missouri		22c. DATE SIGNED 3/19/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 20, 1958		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri	
24. FUNERAL DIRECTOR Bill A. Dwyer				25. DATE RECD. BY LOCAL REG. April 10-1958		26. REGISTRAR'S SIGNATURE Letta E. Dawson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Bill A. Dunfee

Licensed Embalmer No. 4902

P. O. Address Grant City

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.