

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018308

STATE FILE NUMBER
2110

FILED MAY 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. #2		Length of stay in lb 5 yrs.	d. STREET ADDRESS (If outside, give location) 1820 Olive Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Echols Middle King Last King			4. DATE OF DEATH Month Apr. Day 23 Year 1958
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-7-1899
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 5 Days 9	IF UNDER 24 HRS. Hours 59 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taylor TAILOR		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Carrollton, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John King	
13b. MOTHER'S MAIDEN NAME Elsie Cain		14. NAME OF HUSBAND OR WIFE Sarah King	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes World War II		16. SOCIAL SECURITY NO. 425-22-2337	17. INFORMANT Address Mr. W.B. King, Greenville, Miss.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Type HT Dize			3 yrs
DUE TO (c) Generalized Arteriosclerosis?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 421			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 <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 COUNTY - STATE -
21. I attended the deceased from July 1957 to April 23-1958 and last saw him alive on 4-23-58 Death occurred at _____ m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. S. Wells MD (Degree or title)		22b. ADDRESS 2122-E-15th St	22c. DATE SIGNED 4-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/25/58	23c. NAME OF CEMETERY OR CREMATORY Delta Memorial Gardens	23d. LOCATION (City, town, or county) (State) Greenville, Mississippi
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., MO.		25. DATE RECD. BY LOCAL REG. 4-25-58	26. REGISTRAR'S SIGNATURE Neva Minshall

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.

J. S. Wells

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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 Comandor Gladys B.

Licensed Embalmer No. 4944

P. O. Address K.S. No.

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.