

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018310
STATE FILE NUMBER
2356

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2356

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u> 198
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5508 NORTON AVE.</u>		Length of stay in 1b <u>32 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>5508 NORTON AVE</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT MACDOUGAL KING</u>			4. DATE OF DEATH Month Day Year <u>MAY 6, 1958</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>OCT. 28, 1880</u>	9. AGE (In years last birthday) <u>77</u>	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) <u>FRISCO RAILROAD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WINSTON, MISSOURI</u>	11. BIRTHPLACE (City and state or country) <u>K. S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>K. S. A.</u>
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13a. FATHER'S NAME <u>HENRY KING</u>	13b. MOTHER'S MAIDEN NAME <u>REBECCA MILLMAN</u>	14. NAME OF HUSBAND OR WIFE <u>LAURA 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>702-03-8078</u>	17. INFORMANT <u>ROBERT M. KING-INDEPENDENCE, MO</u>	Address <u>3721 NORWOOD</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>Cardiac block</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Condition: If any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u>		
DUE TO (c) <u>arterio-sclerosis</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		

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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.
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20d. INJURY OCCURRED WHILE AT WORK <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 <u>KANSAS CITY</u>	COUNTY <u>MISSOURI</u>	STATE
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21. I attended the deceased from <u>1954</u> to <u>5-6-58</u> and last saw her him alive on <u>5-5-58</u> Death occurred on <u>11:01 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>	22b. ADDRESS <u>5811 Truman Rd</u>	22c. DATE SIGNED <u>5-7-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY-9-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>1231 BRASH CREEK KANSAS CITY, MO</u>	25. DATE RECD. BY LOCAL REG. <u>5-9-58</u>	26. REGISTRAR'S SIGNATURE <u>never minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

H. La Hué



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 *Harold E. Letterman*

Licensed Embalmer No. *3035*
P. O. Address *W. C. 910*

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.