

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020609
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SIKESTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>226 DIXIE ST.</u>		Length of stay in 1b <u>15 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>226 DIXIE ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>ROBERT</u> <u>—</u> <u>KING</u>			4. DATE OF DEATH Month <u>3</u> Day <u>29</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>— 1879</u>		9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>MEMPHIS, TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>NORA KING</u>			14. MOTHER'S MAIDEN NAME <u>DORA TAYLOR</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>412-09-9599</u>	17. INFORMANT Address <u>ALUCY CALHOONE MEMPHIS, TENN.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>					<u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Cerebral Vascular Accident</u>					<u>5 days</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>					<u>when</u>
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 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.) <u>331X</u>		
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>					
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 <u>24 Mar 58</u> to <u>29 Mar 58</u> and last saw <u>him</u> alive on <u>29 Mar 58</u> Death occurred at <u>8:40 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Fred R Sample M.D.</u> (Degree or title)			22b. ADDRESS <u>Shelton Mo</u>		22c. DATE SIGNED <u>2 Apr 58</u>
23a. BURIAL, CREMATION, REMOVAL, ETC. <u>BURIAL</u>	23b. DATE <u>4-4-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET</u>		23d. LOCATION (City, town, or county) (State) <u>SIKESTON, MO.</u>	
24. FUNERAL DIRECTOR <u>ALVIN DOTSON</u>		ADDRESS <u>SIKESTON, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>5-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>

DATE RECEIVED 5-26-38

SCOTT CO. HEALTH DEPT

CO. FILE No. 558-123

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tris S. Marshburn

Licensed Embalmer No. 40

P. O. Address Bellevue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.