

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021227
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 68 Primary Registration District No. 5267 Registrar's No. 18

1. PLACE OF DEATH COUNTY Christian Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri 220, COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, N. Galloway		c. CITY OR TOWN Rural, N. Galloway Twp. % <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) At Home	
3. NAME OF DECEASED (Type or print) Edward King		4. DATE OF DEATH June 26, 1958	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH May 7, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Missouri	
13. FATHER'S NAME Marion King		14. MOTHER'S MAIDEN NAME Liza Sappington	
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. 497-40-8473	
17. INFORMANT Mrs. Clara King, Ozark, Mo. Star Rt		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident, thrombosis Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 332x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ① Hypertension arterial ② Helicobacter pylori - splenectomy Jan 58 - good result.			INTERVAL BETWEEN ONSET AND DEATH 2 days
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 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		COUNTY STATE	
21. I attended the deceased from 3:00 May 57, to 26 June 58 and last saw ^{her} him alive on 26 June 58 Death occurred at 11:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dorner M.D.		22b. ADDRESS Ozark, Mo	
22c. DATE SIGNED 1 July 58			
23a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		23b. DATE June 28, 58	
23c. NAME OF CEMETERY OR CREMATORY Selmore Cemetery		23d. LOCATION (City, town, or county) (State) Christian Co, Missouri	
24. FUNERAL DIRECTOR F. B. Chaffin		25. DATE RECD. BY LOCAL REG. July 8-1958	
ADDRESS Ozark, Mo.		26. REGISTRAR'S SIGNATURE Loretta Leonard	

Health,
Welfare
Public
Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

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 *T. B. Chaffin*.....

Licensed Embalmer No. *21*

P. O. Address *Ozark*

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.