

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026331
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Montgomery</u> TOWN <u>Montgomery</u>		c. CITY OR TOWN <u>Montgomery</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>life</u>	
3. NAME OF DECEASED (Type or print) <u>Clarence King</u>		4. DATE OF DEATH Month <u>7</u> Day <u>14</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> <u>0</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>unknown 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>74</u>
11. BIRTHPLACE (City and state or country) <u>Montgomery County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles King</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Dawson</u>	
14. NAME OF HUSBAND OR WIFE <u>single</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>none</u>		17. INFORMANT <u>G.C. King Kansas City Mo</u>	
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>Cerebral concussion result of assault by unknown person or persons.</u> DUE TO (b) <u>2. Multiple contusions of face, head and neck result of blows sustained in the assault</u> DUE TO (c) <u>the assault</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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>Assault by person or persons unknown</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>		Injury <u>July 12, time not known</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>His home</u>	
20f. CITY, TOWN, OR LOCATION <u>Montgomery City Montgomery Mo.</u>		COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>July 14 58</u> to <u>July 14 58</u> and last saw her alive on <u>July 14, 58</u> Death occurred at <u>4 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Buell Manafie M.D.</u>		22b. ADDRESS <u>506 Harper St. Monygomery City Mo.</u>	
22c. DATE SIGNED <u>7-15-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-15.58</u>	23c. NAME OF CEMETERY <u>Montgomery City Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>
24. FUNERAL DIRECTOR <u>C. H. Haffner</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-1958</u>	
ADDRESS <u>Montgomery City MO</u>		26. REGISTRAR'S SIGNATURE <u>Laura B Callaway.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

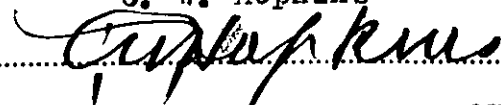
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~ on the 14 th Day of July 1958, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

C. W. Hopkins



Licensed Embalmer No. 1487
Montgomery City Mo
P. O. Address

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.