Health, & Welfare Public Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029898
STATE FILE NUMBER

FILED SEP 10 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rolla — Inside Limits: Yes ☐ No ☐ XX
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital — Length of stay in 1b: 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: Vida — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): General Delivery — Reside on Farm: Yes ☐ No ☐

0810

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: MARTIN Last: KING

4. DATE OF DEATH Month Day Year: 5 Sept. 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 13 Nov. 1893

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Agr. & Shoe Factory

11. BIRTHPLACE (City and state or country): Newburg, Missouri. USA 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Martin King

13b. MOTHER'S MAIDEN NAME: Mary Jane Lane

14. NAME OF HUSBAND OR WIFE: Cora King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XX

16. SOCIAL SECURITY NO.: 498-14-1760

17. INFORMANT Address: Cora King, Vida, Missouri

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pyelonephritis
DUE TO (c) 6000
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 ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 1956 to Sept 4, 1958 and last saw him alive on Sept 4, 1958
Death occurred at 12:15 A m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): D.F. Andreasen MD 0

22b. ADDRESS: Rolla Mo

22c. DATE SIGNED: 9/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7 Sept. 1958

23c. NAME OF CEMETERY OR CREMATORY: Pilot Knob Cemetery

23d. LOCATION (City, town, or county) (State): Vida, Missouri

24. FUNERAL DIRECTOR By: Null & Sons Funeral Home — ADDRESS: Rolla

25. DATE RECD. BY LOCAL REG.: Sept. 6, 1958

26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
Phelps County Health Officer,
County File Number 1135
Date Filed September 8, 1958

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 S. L. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla Mo

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.