

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032501

STATE FILE NUMBER

FILED SEP 18 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		c. CITY OR TOWN Rural-Arcadia 0470	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists		d. STREET ADDRESS 1 1/2 mi. E. on Hwy. 70	
Length of stay in lb 6 mo. 7 da		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Henry Wallace King		4. DATE OF DEATH Sept. 2, 1958	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 20, 1867	
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 1 Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	
11. BIRTHPLACE (City and state or country) Oak Grove, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John King		14. MOTHER'S MAIDEN NAME Abigail King	
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. 493-22-5725	
17. INFORMANT Dolores Weiss, Ironton, Mo.		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) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		Generalized arteriosclerosis years	
DUE TO (c)			
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"/> 2	
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.) 332 X	
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 July 1, 1957, to Sept 2 '58 and last saw her alive on Aug 29 '58. Death occurred at 11:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin C. Meane, MD		22b. ADDRESS 109 N. Main, Ironton, Missouri	
22c. DATE SIGNED 9-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9-2-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) INDEPENDENCE Mo. (State)	
24. FUNERAL DIRECTOR White Funeral Home Ironton Mo.		25. DATE RECD. BY LOCAL REG. 9-2-58	
ADDRESS		26. REGISTRAR'S SIGNATURE Mrs. A. J. Jones	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

470  
5  
300  
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Auel H. Hite*.....

Licensed Embalmer No. *301*.....

P. O. Address *Dr. Hite*.....

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.