

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032502

STATE FILE NUMBER

FILED OCT 9 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <b>Iron</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Iron</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Roselle Acadia Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Roselle</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Star Route</b>		Length of stay in lb <b>1 1/2 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Star Route</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>REBECCA KING</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>28</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 25, 1866</b>	
9. AGE (In years by birthday) <b>92</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Silvermines, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>William Wheeler</b>		13b. MOTHER'S MAIDEN NAME <b>Delilae Brown</b>		14. NAME OF HUSBAND OR WIFE <b>James King</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Walter King, Fredericktown, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 Days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					<b>490X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Marked Anaemia</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 _____ a.m. _____ p.m. Month, Day, Year _____					
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 <b>Sept. 21 1958</b> to <b>Sept 28 1958</b> and last saw her alive on <b>Sept. 21 1958</b> Death occurred at <b>5:50 A.m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. S. Laughter</i> (Degree or title)			22b. ADDRESS <b>135 W. Main Fredericktown Mo.</b>		22c. DATE SIGNED <b>Sept. 29</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/30/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sebastian Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Madison County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Najim Funeral Home, Fredericktown, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-2-58</b>	26. REGISTRAR'S SIGNATURE <i>Miss Aris Jones</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles McPartly* \_\_\_\_\_

Licensed Embalmer No. 4852

P. O. Address, *Fredricktown*

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.