

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036062

STATE FILE NUMBER

FILED NOV 3 1958

1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1034

S. 300
1-57

0

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN REPUBLIC, MO. ROUTE # 1
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL		Length of stay in lb	d. STREET ADDRESS ROUTE # 1
3. NAME OF DECEASED (Type or print) First Middle Last FORESTINE KING		4. DATE OF DEATH Month Day Year OCT. 26, 1958	
5. SEX FEMALE /	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 17, 1893
9a. AGE (In years (last birthday)) 65		9b. UNDER 1 YEAR Months Days	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR Home	11. BIRTHPLACE (City and state or country) GARDEN CITY, MO. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WALDO VAN HOY	
13b. MOTHER'S MAIDEN NAME LUDY WEST		14. NAME OF HUSBAND OR WIFE HARRY L. 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. unknown	17. INFORMANT Address HARRY L. KING REPUBLIC, MO. ROUTE # 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			4201
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 <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 JUN 1953 to OCT 26, 58 and last saw her alive on Oct 3, '58 Death occurred at 2115AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. Heaton Workman MD (Degree or title)	
22b. ADDRESS Springfield Mo		22c. DATE SIGNED 10-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY JOHNS CHAPEL	23d. LOCATION (City, town, or county) (State) GREENE COUNTY, MISSOURI
24. FUNERAL DIRECTOR HERMAN LOHMEYER	ADDRESS 500 E. WALNUT	25. DATE RECD. BY LOCAL REC. 10-28-58	26. REGISTRAR'S SIGNATURE Effie E. Melton

VS SEP 4 1959

VS FEB 23 1960

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 *R. L. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, 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.