

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036459
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4987

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S. 300
1-57 4

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital HOME) HOSPITAL OR INSTITUTION GREAT OAKS HOME 115 EAST 83RD STREET			Length of stay in 1b 5 YEARS		d. STREET ADDRESS (If outside, give location) 4200 HOLLY STREET
3. NAME OF DECEASED (Type or print) First ORNA Middle L. Last KING			4. DATE OF DEATH Month OCTOBER Day 21 Year 1958		
5. SEX MALE	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 AUG-22-1885		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during 12 months or working time, even if retired) OPERATOR AND OWNER		10b. KIND OF BUSINESS OR INDUSTRY SHOE AND HAT SHOP		11. BIRTHPLACE (City and state or country) BATES COUNTY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JAMES KING		13b. MOTHER'S MAIDEN NAME SARAH LYON	
14. NAME OF HUSBAND OR WIFE CLARA R. 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. 488-36-7729	
17. INFORMANT Mrs. CLARA R. KING		Address 4200 HOLLY STREET KANSAS CITY MISSOURI		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull Subdural & Subarachnoid Hemorrhage DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Car Struck Pedestrian	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 10-7 58 p.m.		20d. INJURY OCCURRED WHILE AT WORK <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.) Street	
20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson		STATE MO	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at 7:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hugh H. Owens		(Degree or title) 3		22b. ADDRESS 1034 Prairieville	
22c. DATE SIGNED 10-21-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT-23-1958	
23c. NAME OF CEMETERY OR CREMATORY EUREKA CEMETERY		23d. LOCATION (City, town, or county) 1 MILE EAST OF EUREKA		(State) KANSAS	
24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS		ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 10-23-58	
26. REGISTRAR'S SIGNATURE neva manshall					

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens



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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *KE 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.