

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045335
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 486

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Comanche			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Protection 8150	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Route 1		
3. NAME OF DECEASED (Type or print) First Peggy Middle Lois Last King			4. DATE OF DEATH Month Dec. Day 28 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1954	9. AGE (In years last birthday) 4 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) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Theodore King		13b. MOTHER'S MAIDEN NAME Imogene McDuffee		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT Address Mr. Noah King, Mill Creek, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably broken neck				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Investigated by Coroner, Berl Miller of St. Francois County, Mo.	DUE TO (c) Child died from injuries received in automobile accident.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) automobile accident.				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.) Automobile accident			
20c. TIME OF INJURY Hour _____ p.m. _____ 6 A.M. 12-28-58		20d. PLACE OF INJURY (e.g., in or about home, farm, store, street, office, bldg., etc.) Highway #67			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Francois Twp. St. Francois, Mo.		COUNTY St. Francois STATE Mo.	
21. I attended the deceased from 3 mi. So. of Farmington and last saw her alive on _____ Death occurred at 6:00 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ether Rudloff</i> (Type or print) Local Registrar of Vital Statis. Farmington, Mo.		22b. ADDRESS Realty Bldg., Farmington, Mo.		22c. DATE SIGNED 12-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/30/58	23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park		23d. LOCATION (City, town, or county) (State) Madison County, Mo.
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 31, 1958	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL DECEASED IN - BUT MUST BE EQUALLY 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 _____

Licensed Embalmer No. 4852

P. O. Address Fredricktown, Md

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.