

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001760

STATE FILE NUMBER

FILED FEB 4 1959

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 32

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Kansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Arcadia, Rt. 1	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 118 1/2 E. 4th St.		d. STREET ADDRESS (If outside, give location) Rt. # 1	
3. NAME OF DECEASED (Type or print) First Middle Last Harry William King		4. DATE OF DEATH Month Day Year Jan. 30, 1959	
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 Dec. 5, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Cattle	11. BIRTHPLACE (City and state or country) Arcadia, Kansas 1
13a. FATHER'S NAME James J. King		13b. MOTHER'S MAIDEN NAME Jeanette Sheffield	14. NAME OF HUSBAND OR WIFE King Violet May Atkinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No known) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Violet King - Arcadia, Kans.
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 Heart Disease - occluded vessels DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity			INTERVAL BETWEEN ONSET AND DEATH 4 yrs 4 200
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> NOT WHILE 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 Aug. 1956 to 1-30-59 and last saw him alive on 1-30-59 Death occurred at 7:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W Russell Smith (Degree or title) M.D.		22b. ADDRESS Carthage, Missouri	
22c. DATE SIGNED 1-31-59			
23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE 2-2-59	23c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery	23d. LOCATION (City, town, or county) (State) Arcadia, Kans.
24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home - Carthage		25. DATE RECD. BY LOCAL REG. 1-31-59	26. REGISTRAR'S SIGNATURE W J Clutman

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 *Edwin C. Uimer, Jr.*
Edwin C. Uimer, Jr.

Licensed Embalmer No. 4955
P. O. Address Carthage, Miss

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.