

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010476
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 292 Primary Registration District No. Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Johnson Township		c. CITY OR TOWN Humansville C 8 4 0 0	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles S. W.		d. STREET ADDRESS (If outside, give location) R # 3	
Length of stay in 1b 5 months		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Stephen Last King			4. DATE OF DEATH Month 3 Day 30 Year 59
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-16-88
9. AGE (In years (birthday) 70		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME J. W. King	
13b. MOTHER'S MAIDEN NAME Catherine Ann Keith		14. NAME OF HUSBAND OR WIFE Rosa Belle King	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Rosa Belle King		Address Humansville, 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) Thrombosis of femoral artery, dry gangrene of leg.			INTERVAL BETWEEN ONSET AND DEATH 1 wk yes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerotic cardio-vascular disease			
DUE TO (c) 4221			
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
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 3-9-56 to 3-29-59 and last saw ^{her} him alive on 3-29-59 Death occurred at 2:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm B Richter M.D. (Degree or title)		22b. ADDRESS Stockton Mo	
22c. DATE SIGNED 3-30-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-1-59	
23c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Gardens No. Kans. City, Mo.		23d. LOCATION (City, town, or county) (State) Kans. City, Mo.	
24. FUNERAL DIRECTOR Beckwith Funeral Home ADDRESS Humansville, Mo		25. DATE RECD. BY LOCAL REG. April 1, 1959	
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 8 1959

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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 *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Humansville, Va*

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.