

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021105

FILED JUL 13 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 167

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in lb <u>24 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u> c. CITY OR TOWN <u>Weaubleau (Rural)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Dallas Township</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>THOMAS JEFFERSON KING</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>July 4, 1959</u>											
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>4/30/89</u>		<b>9. AGE (last birthday)</b> <u>70</u>		<b>IF UNDER 1 YEAR</b> Months Days Hours Min.		<b>IF UNDER 24 HR</b> Hours Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>Gerster, Missouri</u>				<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>Jefferson King</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Josephine Rogers</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lola King</u>							
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				<b>16. SOCIAL SECURITY NO.</b> <u>500 01 7629</u>				<b>17. INFORMANT</b> Address <u>Lola King, Weaubleau, Missouri</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Innanition and Malnutrition</u>										INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prostatic cancer and generalized atherosclerosis</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)											
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>													
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____		<b>STATE</b> _____									
<b>21. I attended the deceased from</b> <u>6/10/59</u> <b>to</b> <u>7/4/59</u> <b>and last saw her alive on</b> <u>7/4/59</u> <b>Death occurred at</b> <u>3:30 PM</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>															
<b>22a. SIGNATURE</b> (Degree or title) <u>Arturo Gonzalez D.O.</u>						<b>22b. ADDRESS</b> <u>717 E. Jefferson Clinton, Mo.</u>				<b>22c. DATE SIGNED</b> <u>7/1/59</u>					
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>7/7/1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Fairview</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Weaubleau Missouri</u>									
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Goodrich Osceola, Missouri</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-7-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Willed Bigum</u>									

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene R. Consalvo

Licensed Embalmer No. 468

P. O. Address Clinton

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.