

**DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH**

**FILED VS AUG 11 1959**

**59-024520**

STATE FILE NUMBER

Registration District No. 12 Primary Registration District No. 4134 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Smithville</b>		Length of stay in lb <b>1 wk.</b>	c. CITY OR TOWN <b>Edgerton</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Benjamin Alfred King</b>			4. DATE OF DEATH Month Day Year <b>August 6, 1959</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/27/1875</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Produce Dealer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Produce Owner</b>	11. BIRTHPLACE (City and state or country) <b>Clinton Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Henry King</b>	13b. MOTHER'S MAIDEN NAME <b>Sintela Lucinda Land</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Arch Viny Deeborn, Mo.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute adrenal failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b>
DUE TO (b) <b>3<sup>rd</sup> degree burns, 40% body</b>		
DUE TO (c)		<b>7 days</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Renal failure</b>	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>Spashed with flaming gasoline</b>
20c. TIME OF INJURY Hour <b>4:00</b> p.m. Month, Day, Year <b>7-30-59</b>		

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.) <b>farm</b>	20f. CITY, TOWN, OR LOCATION <b>Stewartsville</b>	COUNTY <b>Mo</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>7-30-59</b> to <b>8-6-59</b> and last saw him alive on <b>8-6-59</b> Death occurred at <b>5:47 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Paul Chesney June</b>	22b. ADDRESS <b>Smithville, Mo</b>	22c. DATE SIGNED <b>8-8-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/9/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cemetery</b>	23d. LOCATION (City/town, or county) (State) <b>Trimble, Mo.</b>
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24. FUNERAL DIRECTOR <b>Rollins - Nash,</b>	ADDRESS <b>Edgerton, Mo.</b>	25. DATE RECD. BY LOCAL REG <b>8-8-59</b>	26. REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>
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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 W. Le Roy Mooney

Licensed Embalmer No. 4776

P. O. Address K.C.A.

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.