

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028142

FILED VS AUG 24 1959

Registration District No. 28 Primary Registration District No. 3006 Registrar's No. 380

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b <b>2 Days</b>		c. CITY OR TOWN <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <del>INSITUATION</del> <b>Ellis Fischel</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1301 Penn.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Frederick King</b>				4. DATE OF DEATH Month Day Year <b>August 19 1959</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-17-03</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mining</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Danville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.?</b>	
13a. FATHER'S NAME <b>Joseph Franklin King</b>			13b. MOTHER'S MAIDEN NAME <b>Jessie David Patterson</b>			14. NAME OF HUSBAND OR WIFE <b>Single</b>		
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>401-01-7226</b>		17. INFORMANT Address <b>Hospital Records Highway 40 Columbia Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <del>Prostate cancer</del> <b>Azotemia due to carcinoma of the bladder</b> <b>Cachexia due to carcinoma of the bladder</b> <b>Carcinoma of prostate local spread</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							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)						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		
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 a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 <b>8/15/59</b> to <b>8/19/59</b> and last saw her (him) live on <b>8/19/59</b> Death occurred at <b>5:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>John E. Oakley, M.D.</b> (Degree or title)				22b. ADDRESS <b>Conestoga Hosp. Columbia Mo</b>		22c. DATE SIGNED <b>8/19/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Funeral Home</b>		<b>8-20-59</b>	<b>Columbia, Mo</b>		<b>Joplin Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Arthur Francis Service Columbia, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Aug 19 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>		

BY AFFIDAVIT OF Attending Physician MEDICAL CERTIFICATION

**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



Licensed Embalmer No. 4897

P. O. Address Columbus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.