

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 0 8 4

FILED VS DEC 17 1959

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 277

ENDED

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|--|--|---|--|--|--|--|---|----------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u> | | Length of stay in 1b <u>5 days</u> | | c. CITY OR TOWN <u>Macon</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) <u>Woodland Hosp</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>1022 N. Ruby, et</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>B</u> Last <u>King</u> | | | | 4. DATE OF DEATH Month <u>12</u> Day <u>8</u> Year <u>59</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>1-30-12</u> | 9. AGE (last birthday) <u>47</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>store of hardware and so</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | | 11. BIRTHPLACE (City and state or country) <u>Alu Perrin Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Elmer King</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ana Spencer</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Marguerite King</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>307-05-0234</u> | | 17. INFORMANT <u>Marguerite King</u> | | | Address <u>Macon Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | |
| 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 <u>Dec. 2, 1959</u> to <u>Dec. 8, 1959</u> and last saw him alive on <u>Dec. 8, 1959</u> Death occurred at <u>3:40 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>Will Fleming M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>Moberly, Mo.</u> | | 22c. DATE SIGNED <u>12-12-59</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-10-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>E. Oakwood Cem.</u> | | | 23d. LOCATION (City, town, or county) <u>Bevier Mo</u> | | (State) | | |
| 24. FUNERAL DIRECTOR <u>W. S. Edwards</u> | | | ADDRESS <u>Bevier Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-10-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Paul W. Lowe</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 19 1960

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

H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier W

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.