

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020577

FILED VS. JUN 14 1960

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 228

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Length of stay in 1b	c. CITY OR TOWN Flat River		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 502 Low St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 502 Low St.	
3. NAME OF DECEASED (Type or print) First HARVEY Middle E. Last KING			4. DATE OF DEATH Month June Day 6 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/15/1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 3 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead	11. BIRTHPLACE (City and state or country) Madison Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel M. King		13b. MOTHER'S MAIDEN NAME Florence Francis		14. NAME OF HUSBAND OR WIFE Cora L. King (Young)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-03-8882	17. INFORMANT Mrs. Cora King 502 Low St. Flat River, 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) Arteriosclerotic heart disease - acute decompensation					INTERVAL BETWEEN ONSET AND DEATH 1 year
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) Pneumonia, Pneumonitis					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 3:30 9:57 to June 6, 1960 and last saw him alive on June 6, 60 Death occurred at 3:30 9 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. L. Foster (Degree or title) MD			22b. ADDRESS Desloge, Missouri		22c. DATE SIGNED 6/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/8/1960	23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Ceme.	23d. LOCATION (City, town, or county) (State) Fredericktown, Mo.		
24. FUNERAL DIRECTOR Murphy L. Sparks	ADDRESS Flat River, Mo.	25. DATE RECD. BY LOCAL REG. June 8, 1960	26. REGISTRAR'S SIGNATURE Esther Rudloff		

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 Murphy L. Sparks

Licensed Embalmer No. 4256

P. O. Address Flat 100

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.