URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=029776

FILED VS AUG 30 1960

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 474

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff, Mo.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Poplar Bluff Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: Van Buren
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ALBERT Middle: Last: KING

4. DATE OF DEATH: Month July Day 20 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/6/1872
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months 5 Days 14
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Lincoln County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry King
13b. MOTHER'S MAIDEN NAME: Hannah Smith
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Raymond King, Address: Van Buren, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uremia Poisoning due to
DUE TO (c): Chronic Hypertrophic Prostatitis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: Poplar Bluff COUNTY: Butler STATE: Mo

21. I attended the deceased from July 7th 1960 to July 20th 1960 and last saw her/him alive on 7-20-60
Death occurred at 11:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S. S. Dans (Degree or title) M.D.
22b. ADDRESS: Poplar Bluff, Mo.
22c. DATE SIGNED: 8-11-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/22/60
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Willow Springs, Mo.

24. FUNERAL DIRECTOR: Frank-Cotrell ADDRESS: Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 8/13/60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

SEP 6 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles E. Mungle

Signature of Student Embalmer

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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