URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 0 1960

60-031786

STATE FILE NUMBER

ENDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 327

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. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. FRANCOIS TWNS.

Length of stay in 1b

c. CITY OR TOWN St. Louis

Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 4011 High Aire Dr

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GORDON Middle FORD Last KING

4. DATE OF DEATH Month AUG Day 17 Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/9/04

9. AGE (last birthday) 56

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) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY Book SALES

11. BIRTHPLACE (City and state or country) CALLAO, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ICEM King

13b. MOTHER'S MAIDEN NAME SUSAN FORD

14. NAME OF HUSBAND OR WIFE Ruth Schulty King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 490-07-1585

17. INFORMANT Ruth S. King Address 4011 High Aire Dr. St. Louis 25, 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) Crushed chest, skull fracture and

DUE TO (b) Multiple injuries

DUE TO (c) Coroner Jury Verdict: as the result of an auto collision with a truck two miles north of Farmington, Mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ 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.) Received injuries when automobile collided with truck.

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.) Public Highway

20f. CITY, TOWN, OR LOCATION St. Francois Twnp. COUNTY St. Francois STATE Mo

21. I attended the deceased from — to — and last saw her/him alive on —

Death occurred at 11:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl J. Miller (Degree or title) Coroner

22b. ADDRESS Farmington, Mo.

22c. DATE SIGNED 8/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE Aug. 15, 1960

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Kriegshauser Mortuary ADDRESS 4228 S. Kingshighway St. Louis, Mo

25. DATE RECD. BY LOCAL REG. Aug. 22, 1960

26. REGISTRAR'S SIGNATURE Catherine Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 31 1960

JAN 8 1962

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 Earl J. Miller

Signature of Student Embalmer

Licensed Embalmer No. 3752

P. O. Address Farmingto

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