

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031787

FILED VS SEP 8 1960
INDEXED

Registration District No. 316 Primary Registration District No. — Registrar's No. 346 STATE FILE NUMBER

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois rural</u> Length of stay in 1b <u>10 Days</u> | | c. CITY OR TOWN <u>Rural 17 Mi. S.W. of Fredericktown</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thomas Dell Rest Home</u> | | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First <u>Solomon</u> Middle <u>Jefferson</u> Last <u>King</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>30</u> Year <u>1960</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-13-1878</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Madison County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Levi King</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Young</u> | | 14. NAME OF HUSBAND OR WIFE (Deceased) <u>Hattie Emily King</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Leory King - Berkeley, Missouri</u> | | |

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| 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>generalized Cerebral arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| 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 | |
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| 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 <u>1</u> Month, Day, Year <u>August 23, 1960</u> a.m. <u>1:05 p.</u> p.m. | 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 August 23, 1960 to August 30, 1960 and last saw ^{her} him alive on August 30, 1960. Death occurred at 11:05 p. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>R. A. Huckstep M.D.</u> | | 22b. ADDRESS <u>Farmington, Missouri</u> | | 22c. DATE SIGNED <u>8-31-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9/2/1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u> | 23d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u> | |
| FURNERAL DIRECTOR ADDRESS <u>V. Adamson Fredericktown, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Sept. 2, 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Esther Redloff</u> | |

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 *V. Adams*

Licensed Embalmer No. 4357

P. O. Address FREDERICK

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.