

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 28 1960

-60-037758

STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Snyder</u>		Length of stay in lb <u>52yrs.</u>	c. CITY OR TOWN <u>Snyder MO.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Emery</u> Middle <u>Evertt</u> Last <u>King</u>	4. DATE OF DEATH Month <u>Oct.</u> Day <u>17</u> Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1908</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>II</u>	11. BIRTHPLACE (City and state or country) <u>Snyder MO,</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank King</u>	13b. MOTHER'S MAIDEN NAME <u>Ola Stephenson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>	16. SOCIAL SECURITY NO. <u>709-18-4223</u>	17. INFORMANT <u>Augusta King -10931 N.E. Russell Portland Oregon</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>Head Injury</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Was hit by a Santa Fe freight train on Santa Fe R.R. Bridge over Grand River</u>	
	DUE TO (c) <u>on Santa Fe R.R. Bridge over Grand River</u>	

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 checked="" 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.) <u>Hit by Santa Fe freight train on Grand River</u>
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20c. TIME OF INJURY Hour <u>4:35</u> a.m. _____ p.m. _____ Month, Day, Year <u>Oct. 17, 60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Grand River Bridge</u>	20e. CITY, TOWN, OR LOCATION <u>Dear Lake</u>	COUNTY <u>Chariton</u>	STATE <u>MO</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Grand River Bridge</u>	20f. CITY, TOWN, OR LOCATION <u>Dear Lake</u>	COUNTY <u>Chariton</u>	STATE <u>MO</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 4:35 P. _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H.D. Lawart</u>	(Degree or title) <u>Cornor of Chariton County, Mo</u>	22b. ADDRESS <u>Key travel Mo</u>	22c. DATE SIGNED <u>10/21/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-21-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McCullough Cemetry</u>	23d. LOCATION (City, town, or county) (State) <u>2M.S.W. Triplett MO.</u>
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24. FUNERAL DIRECTOR <u>Leipard-Edwards</u>	ADDRESS <u>Bosworth MO</u>	25. DATE RECD. BY LOCAL REG. <u>10-22-60</u>	26. REGISTRAR'S SIGNATURE <u>Glovie Smith</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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JAN 18 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 _____

Signature of Student Embalmer

Signed David F. Edwards

Licensed Embalmer No. 3268

P.O. Address Bosworth

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