

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS DEC 14 1960**

**-60-041464**

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 4152 Registrar's No. 2-1960

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Crawford</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leasburg</u> Length of stay in 1b <u>8 Years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Near Home - No in House</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> c. CITY OR TOWN <u>Leasburg</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Douglas</u> Middle <u>SCOTT</u> Last <u>KING</u>				<b>4. DATE OF DEATH</b> Month <u>Dec.</u> Day <u>8</u> Year <u>1960</u>									
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Aug 19 1903</u>		<b>9. AGE</b> (last birthday) <u>57</u>		<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>19</u>		<b>IF UNDER 24 HR</b> Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer - Factory Work</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Leasburg, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>					
<b>13a. FATHER'S NAME</b> <u>Samuel King</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Surreldia Richards</u>				<b>14. NAME OF MARRIED OR WIFE</b> <u>Rosa Bell Eggers</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u>				<b>16. SOCIAL SECURITY NO.</b> <u>486-18-1819</u>		<b>17. INFORMANT</b> <u>Mrs Rosa Bell King</u>		<b>Address</b> <u>Leasburg, Mo.</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> 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) <u>Recurrent Gastric Ulcer</u> 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 INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>													
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from</b> <u>5-2-59</u> to <u>12-8-60</u> and last saw <sup>her</sup> him <u>live</u> on <u>11-27-60</u> Death occurred at <u>5 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> <u>Paul A. Hoener, M.D.</u> (Degree or title)						<b>22b. ADDRESS</b> <u>Owensville, Mo.</u>			<b>22c. DATE SIGNED</b> <u>12-8-60</u>				
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>DEC. 11-60</u>		<b>23c. NAME OF CEMETERY</b> <u>Cross Roads</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Leasburg, Mo.</u>		<b>(State)</b>					
<b>24. FUNERAL DIRECTOR</b> <u>Norman C. Hoener</u>				<b>ADDRESS</b> <u>Cuba, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-10-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>G. Davis, Deputy</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 Norman C. Asen

Licensed Embalmer No. 4673

P. O. Address Cuba, M

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.