MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 6 1961

-61-000332

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 126

WRITE STUB — AMENDED

0
59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. JOSEPH — Length of stay in 1b: 3½ DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MO. METHODIST HOSP. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: EDGAR Middle: WARREN Last: KING
4. DATE OF DEATH: Month: JANUARY Day: 31 Year: 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: SEPT. 11, 1891
9. AGE (last birthday): 69 — 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): RET. FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM OWNER
11. BIRTHPLACE (City and state or country): DONIPHAN CO., KANSAS
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: SAMUEL KING
13b. MOTHER'S MAIDEN NAME: MINERVA SHELTON
14. NAME OF HUSBAND OR WIFE: ESTHER
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.:
17. INFORMANT: MRS. ESTHER KING Address: TROY, KANSAS

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) Cerebral Atrophy — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs
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): Bronchopneumonia and Uremia
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 COUNTY STATE
21. I attended the deceased from 19 Aug 58, to death and last saw her (him) alive on at his death
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Emerson Yoder (Degree or title) MD — 22b. ADDRESS: Denton Kans — 22c. DATE SIGNED: 1 Feb 61
E. Yoder, MD

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JAN. 31, 1961
23c. NAME OF CEMETERY OR CREMATORY: COURTER CEMETERY
23d. LOCATION (City, town, or county) (State): DONIPHAN COUNTY, KANSAS
24. FUNERAL DIRECTOR ADDRESS: HARMAN FUNERAL HOME-WATHENA, KANSAS
25. DATE RECD. BY LOCAL REG.: Feb. 2, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address Wathena, Ks

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.