

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014449
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 58

AMENDED

FILED APR 25 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY MACON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON Length of stay in 1b 5 DAYS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY CHARITON

c. CITY OR TOWN BROOKFIELD Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) RFD #2 Reside on Farm Yes No

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

LEONA F. KING

4. DATE OF DEATH Month Day Year APRIL 14, 1961

5. SEX 7 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-11-1911 9. AGE (last birthday) 50

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME 11. BIRTHPLACE (City and state or country) QUINCY, ILL. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME HENRY FISCHER 13b. MOTHER'S MAIDEN NAME DORA SPILKER 14. NAME OF HUSBAND OR WIFE RAYMOND KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. --- 17. INFORMANT Address ROGER KING, QUINCY, ILL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BASAL SKULL FRACTURE INTERVAL BETWEEN ONSET AND DEATH 6 DAYS-

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

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.) AUTOMOBILE ACCIDENT

20c. TIME OF INJURY Hour 8:00 s.m. 4-9-61 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.) HIGHWAY. 20f. CITY, TOWN, OR LOCATION COUNTY STATE MACON-SHELBY COUNTY ILL. MO-36

21. I attended the deceased from 4-9-61 to 4-14-61 and last saw her alive on 4-14-61
Death occurred at 1:01 30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wright, D.O. 22b. ADDRESS Peonard Mo - 22c. DATE SIGNED 4-15-1961

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE APR. 14, 1961 23c. NAME OF CEMETERY OR CREMATORY GREENMOUNT Cem 23d. LOCATION (City, town, or county) (State) QUINCY, ILL

24. FUNERAL DIRECTOR ADDRESS WRIGHT FUNERAL HOME, BROOKFIELD, MO 25. DATE RECD. BY LOCAL REG. 4-14-61 26. REGISTRAR'S SIGNATURE Kath McNeely.

APR 26 1961

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, N.J.

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.