

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-017573

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2253 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED MAY 19 1961**

1. PLACE OF DEATH  
 a. COUNTY JACKSON  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b Life  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4425 Bell Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY JACKSON  
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 4425 Bell Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Archie Dail King  
 4. DATE OF DEATH Month Day Year  
MAY 5<sup>th</sup> 1961

5. SEX MALE 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 20 Nov 1898 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CLERK 10b. KIND OF BUSINESS OR INDUSTRY Unity Farm 11. BIRTHPLACE (City and state or country) Kansas City Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Elsworth King 13b. MOTHER'S MAIDEN NAME Nora Ellen Brown 14. NAME OF HUSBAND OR WIFE Lottie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address Lottie King, 4425 Bell, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute Coronary Distention Cause Unknown INTERVAL BETWEEN ONSET AND DEATH Sudden  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.) \_\_\_\_\_

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 July 15, 1960 to May 6, 1961 and last saw her/him alive on May 2, 1961  
 Death occurred at 10:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P. E. Pearson, M.D. 22b. ADDRESS 1025 Reath Bldg., KCMO 22c. DATE SIGNED 5/6/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE MAY 8-1961 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR Lester, 1901 Olathe Blvd, Kansas City 3, Kan. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 5-7-61 26. REGISTRAR'S SIGNATURE Ruth Long

**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

*Paul R. Williamson*

Licensed Embalmer No. 5009

P. O. Address Overland Park  
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.