ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021667
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 303

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b Lifetime

c. CITY OR TOWN Joplin — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3205 West "B" Street — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3205 West "B" Street — Reside on Farm Yes ☐ No ☒

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

4. DATE OF DEATH Month June Day 26, Year 1961

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-24-1876

9. AGE (last birthday) 85 — 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) Retired- Railroad employee

10b. KIND OF BUSINESS OR INDUSTRY Kansas City Southern

11. BIRTHPLACE (City and state or country) Joplin, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Harry King

13b. MOTHER'S MAIDEN NAME Agnes Osborn

14. NAME OF HUSBAND OR WIFE Eva (Smith) King

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. Unk

17. INFORMANT Mrs. Eva King, Address 3205 West "B" Street

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

IMMEDIATE CAUSE (a) Status Epileptiques — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

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

DUE TO (b) Advanced Arteriosclerosis generalized

DUE TO (c) & Hypertensive Heart Disease — 10 yrs

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 8-27-54, to 6-26-61 and last saw her/him alive on 6-25-61

Death occurred at 11:30 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]

22b. ADDRESS 2125 Jackson Ave Joplin

22c. DATE SIGNED 6-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-29-1961

23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park,

23d. LOCATION (City, town, or county) Joplin, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG. 6-27-1961

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

JUL 20 1967

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 _____ Signed Harvey E. Bruce

Signature of Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Joplin Md

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