MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-021668
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 281

FILED JUN 19 1961

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin, Missouri. Length of stay in 1b D. O. S. A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jasper
c. CITY OR TOWN Asbury, R 1, 1 mi No Waco, Mo. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 Mile North Waco, Mo. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First RAMON Middle ELLSWORTH Last KING
4. DATE OF DEATH Month 6 Day 11 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-19-1936
9. AGE (last birthday) 25 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Lawton, Ks.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John King
13b. MOTHER'S MAIDEN NAME Dorothy Rice
14. NAME OF HUSBAND OR WIFE Alice King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) National Guard
17. INFORMANT Address Alice King, Asbury, R 1, Mo.

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) Accidental, 22-rifle, fatally shot while
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) driving tractor, bullet entered right side,
DUE TO (c) Internal Bleeding
INTERVAL BETWEEN ONSET AND DEATH
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.) Rifle wound, Internal bleeding
20c. TIME OF INJURY Hour 1:15 a.m. p.m. Month, Day, Year 6-11-61
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.) farm field
20f. CITY, TOWN, OR LOCATION Asbury Rl. Mo. COUNTY Jasper Co STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kendell Fuhr D.C. Coroner (Degree or title)
22b. ADDRESS Joplin, Missouri
22c. DATE SIGNED 6-11-1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-13-1961
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park
23d. LOCATION (City, town, or county) (State) Joplin, Mo.

24. FUNERAL DIRECTOR Don Roney, Carl Junction, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 6-15-1961
26. REGISTRAR'S SIGNATURE Dorie Merriam

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 7

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.