

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-040555

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 61-89 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Dade
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center twp. Length of stay in 1b few hours
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4mi. N. of Greenfield Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Barton
 c. CITY OR TOWN Lamar Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 303 W. 7th St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Herman Eugene King 4. DATE OF DEATH Month Day Year Nov. 15, 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH May 14, 1905 9. AGE (last birthday) 56
 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) Construction Work 10b. KIND OF BUSINESS OR INDUSTRY Construction Crew 11. BIRTHPLACE (City and state or country) Dade County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Jonathan C. King 13b. MOTHER'S MAIDEN NAME Almer E. Russell 14. NAME OF HUSBAND OR WIFE Ethel Manis King dec'd 1932

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 17. INFORMANT Address 303 W. 7th St. Wanda Devine; Lamar, 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) 22 Cal. Gun shot wound, Roof of mouth, entering L - Sudden
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) frontal cranial cavity,
 DUE TO (c) Shotgun wound lateral R. Rib cage.

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 after death 4pm. 11-15-61 and last saw ^{him} him alive on _____
 Death occurred at 12:20 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.R. Allison Coroner 22b. ADDRESS Greenfield, Mo. 22c. DATE SIGNED 11-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 18, 1961 23c. NAME OF CEMETERY OR CREMATORY Greenfield Cem. 23d. LOCATION (City, town, or county) (State) Greenfield, Mo.

24. FUNERAL DIRECTOR ADDRESS J. C. Canada; Greenfield, Mo. 25. DATE RECD. BY LOCAL REG. 11/18/1961 26. REGISTRAR'S SIGNATURE J. C. Canada

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo

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.