

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

-61-040737
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1124

FILED NOV 24 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY GREENE				a. STATE MISSOURI		b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD, MO.		Length of stay in 1b 3 DAYS		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1224 ROOSEVELT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MARY		Middle LOUISE		Last KING		Month Day Year NOVEMBER 21, 1961	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/25/1919	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KNOXVILLE, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME C. D. AUSTON			13b. MOTHER'S MAIDEN NAME IVA BURTON		14. NAME OF HUSBAND OR WIFE ERNEST A. 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. NO		17. INFORMANT Address ERNEST A. KING, JOPLIN, MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 9 mos. 4 years.
IMMEDIATE CAUSE (a) Carcinomatosis		
DUE TO (b) Adenocarcinoma of rectum		
DUE TO (c)		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>11/18/61</u> to <u>11/21/61</u> and last saw her alive on <u>11/21/61</u> Death occurred at <u>8:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>H. McAlhany, M.D.</i> (Degree or title)		22b. ADDRESS <i>Springfield, Mo.</i>		22c. DATE SIGNED <i>11/24/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/24/61		23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL		23d. LOCATION (City, town, or county) JOPLIN, MO.	
24. FUNERAL DIRECTOR PARKER FUNERAL HOME JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 11-22-61		26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 10 1962

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 *R/L McCann*

Licensed Embalmer No. 2727

P. O. Address *Spalding*

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.