MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006377
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 35

FILED FEB 26 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains — Length of stay in 1b 3 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt 2, Box 177 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 2, Box 177 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Jessie Middle J. Last King
4. DATE OF DEATH Month 2 Day 15 Year 1962
5. SEX Male
6. COLOR OR RACE wht.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-16-1889
9. AGE (last birthday) 73 yrs. — 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
11. BIRTHPLACE (City and state or country) Dawt, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John King
13b. MOTHER'S MAIDEN NAME Susan Gilbraith
14. NAME OF HUSBAND OR WIFE Ellen Mary Killion
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Address Mrs. J. J. King, West Plains, 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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH — 0 —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ASHD — ?
DUE TO (c) GAS — ?
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~~ on 2-15-62 ~~to~~ and ~~last~~ never saw ~~her~~ him alive ~~on~~
Death occurred at 5:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John E. Wilson, M.D.
22b. ADDRESS West Plains, Mo.
22c. DATE SIGNED 2-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 2-18-1962
23c. NAME OF CEMETERY OR CREMATORY Clear Springs, Cemetery
23d. LOCATION (City, town, or county) (State) Dawt, Missouri
24. FUNERAL DIRECTOR ADDRESS Robertson's, West Plains, Mo.
25. DATE RECD. BY LOCAL REG. 2-21-62
26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 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 S A Patterson Jr

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.