

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015667

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 71

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

3490
2490

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jasper		a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Township		c. CITY OR TOWN Joplin	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION R. 1, Box 392, Joplin, Mo.		d. STREET ADDRESS (If outside, give location) R. 1, Box 392	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First James Middle Albert Last King		Month April Day 18 , Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/3/1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Lebanon, Mo.
13a. FATHER'S NAME James Arnold King		13b. MOTHER'S MAIDEN NAME Sarah Louise Barber	14. NAME OF HUSBAND OR WIFE Gertie 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.	
17. INFORMANT Gertie King, R. 1, Box 392, Joplin, Mo.		17. ADDRESS	
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
IMMEDIATE CAUSE (a) Myocarditis			1 year
DUE TO (b) Hypertension			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary Anemia			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 type="checkbox"/> NO <input checked="" 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	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>9-17-59</u> to <u>4-18-62</u> and last saw her alive on <u>3-15-62</u>			
Death occurred at <u>4:20 P.M.</u> <u>4-18-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.M. Pence</i>		22b. ADDRESS Carterville, mo	22c. DATE SIGNED 4/19/62
22a. (Degree or title) D.O.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/21/1962	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county) Joplin, Missouri
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 4-20-62	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Hog Lewis

Licensed Embalmer No. 4405

P. O. Address Walt City, 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.