

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

= 62-030465
STATE FILE NUMBER

Registration District No. 83 Primary Registration District No. 5312 Registrar's No. 4

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 5 1962

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clark's Fork Twp.</u>		Length of stay in lb <u>7 yrs</u>		c. CITY OR TOWN <u>Boonville,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD Boonville, Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD #1</u>
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>MARTIN</u> Last <u>KING</u>			4. DATE OF DEATH Month <u>August</u> Day <u>29</u> Year <u>1962</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/5/76</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Jacob King</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Norhnberg</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary V. Schmidt King</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs Wilbur Lohse</u>		Address <u>RFD Boonville, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio sclerosis</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 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 _____ a.m. _____ p.m.	Month, Day, Year _____				
20d. INJURY OCCURRED 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>1957</u> to <u>Aug 29-62</u> and last saw him alive on <u>July 10-62</u> Death occurred at <u>9:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Dr. DeGraeger MD</u>			22b. ADDRESS <u>Boonville Mo</u>		22c. DATE SIGNED <u>8/30/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Sept. 1/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cem</u>		23d. LOCATION (City, town, or county) <u>RFD Boonville, Mo.</u>
24. FUNERAL DIRECTOR <u>B. W. Thacher</u>			25. DATE RECD. BY LOCAL REG. <u>Sept 1-62</u>		26. REGISTRAR'S SIGNATURE <u>Virginia T. Higgins</u>
ADDRESS <u>Boonville, Mo.</u>					

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Rev. 4/59
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SEP 7 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 *Berry W. Shacker*

Licensed Embalmer No. 3944

P. O. Address Bronville, 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.