

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031006

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6161 Registrar's No. 81

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 5 1963

VS 300
Rev. 4/59

1 1040

2 1040.1

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN (Cape Fair)		Length of stay in 1b	c. CITY OR TOWN Galena
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#2
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elsa Middle M Last King			4. DATE OF DEATH Month July Day 23 Year 1963		
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 8/2/1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Stone County, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John J Bulter		13b. MOTHER'S MAIDEN NAME Nancy A Hilton		14. NAME OF HUSBAND OR WIFE Leonard King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No			17. INFORMANT Claude King Galena, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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"/> 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 March 16, 1963 to July 23, 1963 and last saw her alive on July 16, 1963 . Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Ed. D. Kemmed M.D.		22b. ADDRESS Crane, Mo	22c. DATE SIGNED 7-27-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/27/63	23c. NAME OF CEMETERY OR CREMATORY Nolan	23d. LOCATION (City, town, or county) (State) Stone County, Missouri

24. FUNERAL DIRECTOR Manlove Funeral Home, Crane, Mo	25. DATE RECD. BY LOCAL REG. Aug 2, 1963	26. REGISTRAR'S SIGNATURE Mary F. Stewart
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USE BLACK INK OR TYPEWRITER RIBBON

