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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5368</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Daviess</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem Township</u> c. LENGTH OF STAY (in this place) <u>Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles N.W. Coffey Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem Township</u> d. STREET ADDRESS (If rural, give location) <u>2 Miles N.W. Coffey, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Green</u> b. (Middle) <u>B.</u> c. (Last) <u>King</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 29 1868</u>		
9. AGE (in years last birthday) <u>84</u>		10. MONTHS <u>8</u>		11. DAYS <u>23</u>		12. IF UNDER 14 HRS. Hours <u>  </u> Min. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u>			11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>William King</u>			13b. MOTHER'S MAIDEN NAME <u>Jane (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby King (Dec'd)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Perry King Coffey, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>  </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>  </u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 wks</u> <u>30 yrs</u>	
19a. DATE OF OPERATION <u>None</u>			19b. MAJOR FINDINGS OF OPERATION <u>  </u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>  </u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>  </u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>  </u>		
22. I hereby certify that I attended the deceased from <u>1940</u> , to <u>Mar 23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/23</u> , 19 <u>52</u> , and that death occurred at <u>7:45A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Baumgardner</u>			23b. ADDRESS <u>Box 88 Coffey Mo</u>			23c. DATE SIGNED <u>3/26/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>3-26-52</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>		
24d. LOCATION (city, town, or county) (State) <u>Coffey, Missouri</u>								
DATE REC'D BY LOCAL REG. <u>29 Mar. 1952</u>			REGISTRAR'S SIGNATURE <u>Virginia M. Engelhardt</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		
ADDRESS <u>29 Mar. 1952</u>			ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>					

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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 .....  
Student Embalmer

Signed

L. C. Dickerson  
Licensed Embalmer No. 3302

P. O. Address Ballantine, 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 this body is not embalmed, fact should be so stated above.