

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11880 -

State File No.

0420

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5517 Registrar's No. 13

| | | | | | | | |
|---|---|--|---|--|---|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lebo township</u> | | c. LENGTH OF STAY (in this place) <u>3 1/2 yrs.</u> | c. CITY OR TOWN <u>Calhoun</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>John Revel (At Home)</u> | | | e. STREET ADDRESS (If rural, give location) <u>Calhoun R 2. 0420</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>John Revel</u> | | | a. (First) | b. (Middle) | c. (Last) <u>King</u> | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-1954</u> | 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 30, 1891</u> | 9. AGE (in years last birthday) <u>62</u> | IF UNDER 1 YEAR: Months <u>5</u> Days <u>13</u> | IF UNDER 24 HRS. Hours <u>13</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crooner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Willard King</u> | | 13b. MOTHER'S MAIDEN NAME <u>Imogene Ford</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clara King</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>478-10-4900</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Hunt</u> | | ADDRESS <u>Calhoun Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u> | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | | | | | | |
| | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | |
| | DUE TO (b) _____ | | | | | | |
| | DUE TO (c) _____ | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS | | | | | | |
| | Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | | | |
| 19a. DATE OF OPERATION <u>No</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1947</u> , to <u>April 17, 1954</u> , that I last saw the deceased alive on <u>April 17, 1954</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>S-B. Hughes, M.D.</u> | | | 23b. ADDRESS <u>Calhoun, Mo.</u> | | 23c. DATE SIGNED <u>4/19/54</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-23-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>April-22-54</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.A. Hawsey</u> | | ADDRESS <u>Calhoun Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

APR

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 *J. A. Housey*

Licensed Embalmer No. *350*

P. O. Address *Calhoun*

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.