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FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3506 State File No. 29582

BIRTH NO. REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 9-023- Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL, and give township) <i>Rural</i>		c. CITY OR TOWN <i>Clinton</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <i>212 W. Allen</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>5 Mi West on Hwy 35</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Calvin Andrew</i>		c. (Last) <i>KING</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 11-1955</i>	
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>5-18-1938</i>	9. AGE (In years last birthday) <i>17</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sanitor</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Brownington Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Core King</i>	13b. MOTHER'S MAIDEN NAME <i>Charabell McMillan</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>493-38-4617</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Core King</i>	ADDRESS <i>Clinton Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Burned to death</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Car wreck. Burned.</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hwy. 35</i>	21c. (CITY, TOWN, OR TOWNSHIP) <i>Hwy</i> (COUNTY) <i>Henry</i> (STATE) <i>Mo</i>
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21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) <i>9-11-55 6P.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Car wreck</i>
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22. I hereby certify that I attended the deceased from 19, to 9-11, 1955, that I last saw the deceased alive on DOA., 19 , and that death occurred at 6P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. Powell Do (Coroner)</i>	23b. ADDRESS <i>Clinton Mo</i>	23c. DATE SIGNED <i>9/12/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-13-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Engelwood cem</i>	24d. LOCATION (City, town, or county) (State) <i>Clinton Mo</i>
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DATE REC'D BY LOCAL <i>9-12-55</i>	REGISTRAR'S SIGNATURE <i>Florence Adair</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>422 Florence Adair</i>	ADDRESS <i>Clinton Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Robert L. Dunning*

Licensed Embalmer No. *471*

P. O. Address *Clinton*

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.