

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026624

FILED VS JUL 18 1960

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 182

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in lb 70 yrs	c. CITY OR TOWN Clinton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 305 W. Wilson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 305 W. Wilson Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elza Middle Cleve Last King			4. DATE OF DEATH Month July Day 12 Year 1960			
5. SEX Male	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 10-29-1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 76	IF UNDER 24 HR Days 76 Hours 76 Min. 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gentry Co Mo	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William King		13b. MOTHER'S MAIDEN NAME Nancy King	14. NAME OF HUSBAND OR WIFE Stella King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-09-6070	17. INFORMANT Estella King Address Clinton, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH Hrs Weeks 0 ?
DUE TO (b) Debility and Inanition		
DUE TO (c) Carcinomatosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lymphosarcoma.		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 11:30 PM Month, Day, Year July 9th	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 Clinton, Mo	STATE Mo
21. I attended the deceased from July 9th to July 12th and last saw him alive on July 12th Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Arturo Gonzalez DO	22b. ADDRESS 717 E. Jefferson, Clinton	22c. DATE SIGNED 7-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-16-1960	23c. NAME OF CEMETERY OR CREMATORY Fields Creek cem
23d. LOCATION (City, town, or county) Clinton, Mo		(Site)

24. FUNERAL DIRECTOR Sickman & Dunning F H ADDRESS Clinton, Mo	25. DATE RECD. BY LOCAL REG. July 16, 1960	26. REGISTRAR'S SIGNATURE Wildred Bigum
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Dunsmuir

Licensed Embalmer No. 431

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.