

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67-0040261

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 306 Primary Registration District No. 3042 Registrar's No. 655**FILED OCT 24 1967**
1. PLACE OF DEATH
a. COUNTY **Madison**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Madison**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Fredericktown** Length of stay in 1b
1mo. 7 daysc. CITY
OR
TOWN **Polk Township** Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Madison Co. Memorial** Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
General Delivery Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print) **Hospital**
First Middle Last**WILLIAM ROBERT KING**4. DATE
OF
DEATH **October 12 1967**5. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5 Feb. 18669. AGE (last birthday)
101IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
farmer10b. KIND OF BUSINESS OR INDUSTRY
own farm11. BIRTHPLACE (City and state or country)
Madison Co., Mo.12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Samuel King

13b. MOTHER'S MAIDEN NAME

Polly Ann Stevens

14. NAME OF HUSBAND OR WIFE

Clara Young King15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
none

17. INFORMANT

Emma Lashley

Address

Ironton, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) **Cardiovascular Failure**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) **ASVD**DUE TO (c) **Age**INTERVAL BETWEEN
ONSET AND DEATHPART 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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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 **September 9, 1967** to **October 12, '67** and last saw her
him alive on **October 12, 1967**
Death occurred at **7:18 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Arthur D. Newcomb

22b. ADDRESS

Fredericktown, Missouri

22c. DATE SIGNED

10-20-6723a. BURIAL, CREMATION,
REMOVAL (Specify)**Burial**

23b. DATE

15 Oct. 1967

23c. NAME OF CEMETERY OR CREMATORY

Polk Cemetery

23d. LOCATION (City, town, or county)

Arcadia, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

White Funeral Home, Ironton, Mo.

25. DATE RECD. BY LOCAL REG.

10-20-67

26. REGISTRAR'S SIGNATURE

A. E. Seltenreich Registrar

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/591 06212 0620

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7 08 09 4221

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12 1-013 3-0

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 Bruce G. White

Licensed Embalmer No. 3012

P. O. Address Ironton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.