MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0043381
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 292

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED 2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 4 1967

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b: 15 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits: Yes ☑ No ☐ #
d. STREET ADDRESS (If outside, give location) 114 W Allen
Reside on Farm: Yes ☐ No ☐ #

3. NAME OF DECEASED (Type or print): First JOHN Middle WILLIAM Last KING

4. DATE OF DEATH: Month Nov Day 27 Year 1967

5. SEX: Male

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☐ # Divorced ☐

8. DATE OF BIRTH: 10-16-1892

9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Monegaw Spg. Mo

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Andrew J King

13b. MOTHER'S MAIDEN NAME: Elizabeth Sims

14. NAME OF HUSBAND OR WIFE: Pearl 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.: 500-10-6329

17. INFORMANT Address: Virginia Martin Deepwater Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Paralysis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis
DUE TO (c): Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Seconds / Minutes / Hours / Days / Months / Years

PART 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 ☐ Unknown

19. 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 a.m. p.m. Month, Day, Year

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 1963 to 1967 and last saw her him alive on 11-27-67
Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clinton L. Glasgow D.O.

22b. ADDRESS Clinton, Mo.

22c. DATE SIGNED 11/27/67

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-30-67

23c. NAME OF CEMETERY OR CREMATORY Englewood Cem

23d. LOCATION (City, town, or county) (State) Clinton Mo

24. FUNERAL DIRECTOR ADDRESS Sickman & Dunning Clinton Mo

25. DATE RECD. BY LOCAL REG. Nov. 29, 1967

26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1957

DEC 26 1957

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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.