

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011196
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Saint Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles 0923		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Charles		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Joseph's Hosp.		Length of stay in lb 3 wks	d. STREET ADDRESS (If outside, give location) 415-a So Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Henry Last King			4. DATE OF DEATH Month March Day 16 Year 1958		
5. SEX Male 0	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 Oct. 27, 1889		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) construction		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Brunot, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry King		13b. MOTHER'S MAIDEN NAME Virginia Golden		14. NAME OF HUSBAND OR WIFE Bessie Hall	
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. 498-03-1687		17. INFORMANT Bessie King, St. Charles, 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) Carcinoma of stomach with generalized metastases					INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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 _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		
20e. CITY, TOWN, OR LOCATION _____			20f. COUNTY STATE		
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20h. CITY, TOWN, OR LOCATION _____		
21. I attended the deceased from February 8, 1958 to March 16, 1958 and last saw ^{him} alive on March 16, 1958 Death occurred at 17:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Don L. Randall M.D. (Deceased or title)			22b. ADDRESS 207 W. 5th St. Charles, Mo.		22c. DATE SIGNED March 17, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 19, 1958		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23d. LOCATION (City, town, or county) Saint Charles, Mo.		24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.			
25. DATE RECD. BY LOCAL REG. MAR 17-58		26. REGISTRAR'S SIGNATURE Marelda Wilson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.