

FILED JUL 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 19979

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Carl Junction, Missouri	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 601 S. Cowgill	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print) Elmer O Killough			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1949		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice and fuel, retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Camden, Ohio	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John A. Killough		13b. MOTHER'S MAIDEN NAME Emmerett Newton		14. NAME OF HUSBAND OR WIFE Brantha Bryson Killough	
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. None		17. INFORMANT'S SIGNATURE OR NAME Brantha Killough	
				ADDRESS Carl Jct., Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary occlusion		unknown	
		DUE TO (b) Hypertension		2 yrs	
		DUE TO (c)		4201	
		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 type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **June 21, 1949** to **June 21, 1949** that I last saw the deceased alive on **June 21, 1949**, and that death occurred at **1 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. ...		23b. ADDRESS 708 ...		23c. DATE SIGNED June 22 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21, 1949		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	
				24d. LOCATION (City, town, or county) (State) Carl Jct., Mo.	

DATE REC'D BY LOCAL REG. 6/27/49		REGISTRAR'S SIGNATURE Ed ...		25. FUNERAL DIRECTOR'S SIGNATURE Lon Roney	
				ADDRESS Carl Jct., Mo.	

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

49
5/2

RECEIVED 7-5-49
Jasper County Health Office

County File Number 49-6-511

Date Filed 7-9-49

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
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Jasper 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 this body is not embalmed, fact should be so stated above.