

FILED OCT 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34689

86

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pike</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Louisiana</i>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Ashley Township</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pike Co Hospital</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>John</i>	b. (Middle) <i>A.</i>	c. (Last) <i>Kerr</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. - 15 - 1949</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>May 31 - 1867</i>	9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>24</i>	IF UNDER 1 HR. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Gordon Kerr</i>	13b. MOTHER'S MAIDEN NAME <i>Hettie Culwell</i>	14. NAME OF HUSBAND OR WIFE <i>Lela M. Kerr (Deed)</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT'S SIGNATURE OR NAME <i>John B. Kerr - Bowling Green RFD</i>	ADDRESS <i></i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		<i>36 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Hypertensive Cerebrovascular Disease</i>		<i>4 yrs</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral Disease</i>			<i>33ix</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 *Aug 27, 1949* to *Oct 15, 1949*, that I last saw the deceased alive on *Oct 15, 1949*, and that death occurred at *10:25 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Chas H. Lewellen MD</i> (Degree or title)	23b. ADDRESS <i>Louisiana</i>	23c. DATE SIGNED <i>10/15/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10-17-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Siloam Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Pike Co Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Oct 17, 1949</i>	REGISTRAR'S SIGNATURE <i>Bernese Callier</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>M. B. Elmore - Bowling Green</i>	ADDRESS <i></i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED OCT 24 1949
District Health Officer No. 10
District File Number 10-49-810
Date Filed OCT 24 1949

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

M. B. Emore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.