

FILED JAN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2062

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quinn (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green 0229</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED a. (First) <u>MELBIE</u> (Type or Print)		b. (Middle) <u>DOVE</u>	
c. (Last) <u>KEPP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 25-1896</u>
9. AGE (In years last birthday) <u>54</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Pike Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. W. Gillette</u>	13b. MOTHER'S MAIDEN NAME <u>Susanna Witten</u>	14. NAME OF HUSBAND OR WIFE <u>John B. Kerr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>John B. Kerr Bowling Green, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis - Sclerotic - Atherosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus 1500</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____	
22. I hereby certify that I attended the deceased from <u>Jan. 10, 1943</u> , to <u>Jan. 11, 1950</u> , that I last saw the deceased alive on <u>Jan. 27, 1949</u> , and that death occurred at <u>3 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. C. C. Robinson M.D.</u>		23b. ADDRESS <u>Lawrence, Mo.</u>	23c. DATE SIGNED <u>1-14-50</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>
DATE REC'D BY LOCAL REG. <u>1-16-50</u>	REGISTRAR'S SIGNATURE <u>Bell Robinson 254</u>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Grace Panthead Bowling Green Mo</u>	

RECEIVED

JAN 26 1950

District Health Officer No.

District File Number 1-50-

Date Filed JAN 26 1950

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 *Harold C. Kiska*

Licensed Embalmer No. *4597*

P. O. Address *Banning 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.