

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **607**

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. **40** PRIMARY REG. DIST. NO. **5286** Registrar's No. **4**

2230

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

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) Ashton rural		c. CITY (If outside corporate limits, write RURAL and give township) Ashton rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Lewis	c. (Last) KERR	4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 11 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 RES. Hours	IF UNDER 1 RES. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Kerr	13b. MOTHER'S MAIDEN NAME Nancy White	14. NAME OF HUSBAND OR WIFE Jannie Kerr
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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 Mr. Jannie Kerr	ADDRESS Ashton Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 5 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
DUE TO (c)		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 checked="" 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) 4201
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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 **Nov 11, 1951**, to **Jan 10, 1952**, that I last saw the deceased alive on **Jan 3, 1952**, and that death occurred at **10:45 m.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. Lowe (Degree or title) Dr.	23b. ADDRESS Memphis MO	23c. DATE SIGNED 1/15/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 13 1952	24c. NAME OF CEMETERY OR CREMATORY Ashton Cem.	24d. LOCATION (City, town, or county) (State) Ashton Mo.
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DATE REC'D BY LOCAL REG. 1/16-52	REGISTRAR'S SIGNATURE A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Lutting, Wm. Kakahe	ADDRESS
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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 *Otto L. Gutting*

Licensed Embalmer No. *2963*

P. O. Address *Gurray*

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.