

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4571

State File No.

FILED MAR 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4194</u>		Registrar's No. <u>2X</u>			
1. PLACE OF DEATH a. COUNTY <u>Sentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sentry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. LENGTH OF STAY (In this place) <u>14 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sentry</u> <u>Rural, 0310</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray's Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Sentry</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>FERRY</u> c. (Last) <u>KIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 29 1952</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 10, 1863</u>			
9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>19</u>		11. ORDER IN HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>None of them</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None - personal</u>		11. BIRTHPLACE (State or foreign country) <u>Sentry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>William J. Kier</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte A. McMillan</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Michel</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Setta Crockett</u>				ADDRESS <u>Sentry 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dyspnea</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>2 wk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480X</u>						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) (Min.)		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>Feb 10, 1952</u> , to <u>Feb. 28, 1952</u> , that I last saw the deceased alive on <u>Feb 28, 1952</u> , and that death occurred at <u>1:30 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. J. Pray, D.O.</u>				(Degree or title)		23b. ADDRESS <u>Albany, Mo</u>		23c. DATE SIGNED <u>3-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sentry Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 3 - 52</u>		REGISTRAR'S SIGNATURE <u>Martha Williams</u>			462		25. FUNERAL DIRECTOR'S SIGNATURE <u>Setta Crockett</u>		
							ADDRESS <u>Albany Mo</u>		

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

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DEC 5 1952

MS REC'D

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Leiford D. ...

Signed _____
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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.