

STANDARD CERTIFICATE OF DEATH

19913

State File No.

JUN 16 1952
Dr. Bruce

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <u>0396</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Liberty Twnshp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>1010 South Delaware</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#3, Jefferson City, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnathan</u> b. (Middle) <u>Abraham</u> c. (Last) <u>Killian</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower 2</u>	8. DATE OF BIRTH <u>Sept-26-1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours	IF UNDER 15 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Prison</u>		11. BIRTHPLACE (State or foreign country) <u>Seymour, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lafayette Killian</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Philpott</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Killian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Azalia Bruns, Springfield, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
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"/>
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) <u>331X</u>	
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 about 10 June 12 1952, to 2 P. that I last saw the deceased alive on June 12 1952, and that death occurred at about 2 P. from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Bruce</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>6/13/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June-15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshfield, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>June 14-1952</u>	REGISTRAR'S SIGNATURE <u>R. P. Norris MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph Thieme, Springfield, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0260

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Gideon W. Houser

Signed.....

Student Embalmer

Licensed Embalmer No. *4579*

P. O. Address

Jefferson City, 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.