

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25312**

FILED JUL 23 1952

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|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 275 | | PRIMARY REG. DIST. NO. 3053 | | Registrar's No. 142 | |
| 1. PLACE OF DEATH a. COUNTY Phelps 0817 | | | | 2. USUAL RESIDENCE (Where deceased lived. If continuation: residence before death.) a. STATE 770 b. COUNTY Texas 1070 | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rolla | | c. LENGTH OF STAY (In this place) 3000 | | c. CITY (If outside corporate limits, write RURAL and give township) Rural Sherman 1 | | | |
| d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Phelps Memorial | | | | d. STREET ADDRESS (If rural, give location) 1 M. N. E. of Kumble, Mo | | | |
| 3. NAME OF DECEASED (Type or Print) Alvie Gertrude Kiley | | a. (First) | | b. (Middle) | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) 7-18-1952 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH 4-3-1896 | | 9. AGE (In years last birthday) 56 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 11. BIRTHPLACE (State or foreign country) Licking Mo | |
| 12. CITIZEN OF WHAT COUNTRY? US | | 13a. FATHER'S NAME Sam West | | 13b. MOTHER'S MAIDEN NAME Alice E. Green | | 14. NAME OF HUSBAND OR LIFE Joe Kiley | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. ✓ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Riley, Caddock Mo | | | |
| 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) Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Gall Bladder DUE TO (c) Peritonitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peritonitis 586X | | | | INTERVAL BETWEEN ONSET AND DEATH 14-18 hrs 48 hrs? | |
| 19a. DATE OF OPERATION 7/17/52 | | 19b. MAJOR FINDINGS OF OPERATION Ruptured Gall Bladder Obstruction of Peritonitis | | | | 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) | | 21f. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from 7/16 , 19 52 , to 7-18 , 19 52 , that I last saw the deceased alive on 7/18 , 19 52 , and that death occurred at 1:54 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) James M. Myers M.D. | | | | 23b. ADDRESS Rolla, Mo | | 23c. DATE SIGNED 7/18/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-20-52 | | 24c. NAME OF CEMETERY OR CREMATORY Hutchinson Cem | | 24d. LOCATION (City, town, or county) (State) Phelps Mo | |
| DATE REC'D BY LOCAL REG. July 18, 1952 | | REGISTRAR'S SIGNATURE Nadine L. Steele | | 380 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Smith Ferguson, Rolla, Mo | |

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

County File Number _____
Date Filed 7-22-52

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 Erbert Ferguson

Licensed Embalmer No. 39425

P. O. Address Licking

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.