

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20448

State File No.

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4497 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY OR TOWN <u>CLARENCE</u>	c. LENGTH OF STAY (In this place) <u>24 yrs</u>	c. CITY OR TOWN <u>CLARENCE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARENCE MO</u>		e. STREET ADDRESS (If rural, give location) <u>CLARENCE MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u> b. (Middle) <u>ALTA</u> c. (Last) <u>KILLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 1953</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>APRIL 1 1924</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOOKKEEPER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JOHN BETHORN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY BORDON</u>		14. NAME OF HUSBAND OR WIFE <u>MERRITH KILLEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-07-0263</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MERRITH KILLEN CLARENCE 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
	DUPLICATE CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>		<u>10 min</u>
	DUE TO (c) <u>diabetes mellitus</u>		<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	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) (Minute)	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 5-30, 1953, to 5-30, 1953, that I last saw the deceased alive on 5-28, 1953, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alan R. Hull M.D.</u>		23b. ADDRESS <u>Clarence, Mo</u>		23c. DATE SIGNED <u>6-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>	24d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>		

DATE REC'D BY LOCAL REG. <u>June 6 1953</u>	REGISTRAR'S SIGNATURE <u>Ada Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles V. ... Clarence Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1070
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JUN 1 1958

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.....
Signature of Student Embalmer

Signed *Charles J. Greening*.....

Licensed Embalmer No. *462*

P. O. Address *Chicago*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.