

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24442

State File No. _____

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 698

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Greene	a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Springfield <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital	d. STREET ADDRESS (If rural, give location) 836 North Campbell Ave.,		

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) (Unknown)	c. (Last) KILLIAN	4. DATE OF DEATH (Month) (Day) (Year) July 29, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH March 29, 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WEEK Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri <u>0</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Hunt	13b. MOTHER'S MAIDEN NAME Karen Goss	14. NAME OF HUSBAND OR WIFE J. G. Killian (Deceased)
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Paul Killian, Springfield, Missouri	ADDRESS Springfield, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, cerebral	(b) _____		
ANCECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i>	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	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) Springfield; Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 7 29 1953	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 7, 15, 1953, to 7, 29, 1953, that I last saw the deceased alive on 7, 29, 1953, and that death occurred at 2:30p m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M. D.	23b. ADDRESS Springfield; Missouri	23c. DATE SIGNED 7/30/1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/29/1953	24c. NAME OF CEMETERY OR CREMATORY Goss Cemetery	24d. LOCATION (City, town, or county) (State) Webster County, Missouri
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DATE REC'D BY LOCAL REG. 7-31-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE AYRE-GOODWIN FUN'L SERV., Spgfld, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

SPRINGFIELD, MISSOURI

STATEMENT BY LICENSED EMBALMER

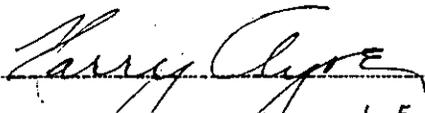
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.