

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

**31066**

State File No. ....

No. 300  
10.48

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1018</u>
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Savannah 0020</u>		
c. LENGTH OF STAY (in this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>501 Francis, St. 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteopathic Hosp.</u>				
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>	
a. (First) <u>Clarence</u> b. (Middle) <u>Dain</u> c. (Last) <u>Killin</u>			(Month) (Day) (Year) <u>Sept. 21, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>Jan 8 1899</u>		9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u>5</u> 11. DAGES <u>4</u> 12. HOURS <u>1</u> 13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairyman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>		11. BIRTHPLACE (State or foreign country) <u>Fillmore, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Charles Killin</u>		13b. MOTHER'S MAIDEN NAME <u>Loretta Kee</u>		14. NAME OF HUSBAND OR WIFE <u>Goldia Killin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-22-8228</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Goldia Killin, Savannah, Mo.</u>
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
		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>5810</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 <u>Nov. 1, 1947</u> to <u>Sept. 21, 1953</u> , that I last saw the deceased alive on <u>Sept. 20, 1953</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W.S. Maxwell</u>		23b. ADDRESS <u>307 W. Main Savannah, Mo.</u>		23c. DATE SIGNED <u>9/23/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cemetery, Fillmore, Mo.</u>
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Rich, Savannah, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 23, 1953</u>		REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>		ADDRESS _____

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

MAR 2 1954

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 *Wm A. Rich*

Licensed Embalmer No. *4728*

P. O. Address *Savannah, Ga.*

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.