

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43672

No. 300
10-48

State File No.

FILED JAN 11 1954

REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST PRAIRIE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST PRAIRIE, MO</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>WILBUR STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WILBUR STREET</u>		d. STREET ADDRESS (If rural, give location) <u>WILBUR STREET</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>BETHEL</u>	
c. (Last) <u>KERBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 26-1953</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>JUNE 27-1910</u>
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EAST PRAIRIE, MO.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>EAST PRAIRIE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN KERBY</u>		13b. MOTHER'S MAIDEN NAME <u>Wk.</u>	
14. NAME OF HUSBAND OR WIFE <u>EDITH KERBY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Lungs</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Dec 25, 1953</u> , to <u>Dec 25, 1953</u> , that I last saw the deceased alive on <u>Dec 25, 1953</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Name or title) <u>Lester O. Shelby</u>		23b. ADDRESS <u>East Prairie</u>	
23c. DATE SIGNED <u>12-31-53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. DATE <u>12-28-53</u>		24b. NAME OF CEMETERY OR CREMATORY <u>W.O.W.</u>	
24c. LOCATION (City, town, or county) (State) <u>East Prairie, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. O. Shelby, East Prairie, MO</u>	
25a. DATE REC'D BY LOCAL REG. <u>1-5-54</u>		25b. REGISTRAR'S SIGNATURE <u>Tertrude G. Harper</u>	
25c. REGISTRAR'S SIGNATURE <u>197-0</u>		25d. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. O. Shelby, East Prairie, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0671

JAN 8 REC'D
RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JAN 8 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 Ernie Shelby

Licensed Embalmer No. 2756

P. O. Address East Prairie, 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.