

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4605**

FILED MAR 15 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5454 Registrar's No. 245-B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Pondcreek)</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Billings Rt. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Pondcreek)</u>	
		d. STREET ADDRESS (If rural, give location) <u>Billings Rt. 2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELLIS</u>	b. (Middle) <u>(X)</u>	c. (Last) <u>KERR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1954</u>
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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>Dec. 25, 1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mixed Crops</u>	11. BIRTHPLACE (State or foreign country) <u>Greene County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Kerr</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret T. Laney</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Tiede</u>
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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) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Tiede Kerr</u>	ADDRESS <u>Rt. 2 Billings, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rt. 2 Billings, Greene, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) <u>March 3, 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident-Run off road</u>
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22. I hereby certify that I attended the deceased from about 12:40 p.m., to 1:00 p.m., 1954, that I last saw the deceased alive on March 3, 1954, and that death occurred on March 3, 1954, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Karl J. Leidinger Jr. M.D.</u>	23b. ADDRESS <u>Republic, Mo.</u>	23c. DATE SIGNED <u>3-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/7/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kerr Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-9-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max J. Forett</u>	ADDRESS <u>Republic, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

MAR 17 1957

**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 John J. McNeill

Licensed Embalmer No. 4635

P. O. Address Republic, 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.