

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4916**
661

FILED MAR 4 1954 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 75 yrs.		e. STREET ADDRESS (If rural, give location) 3468 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3208 Summit			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) G. c. (Last) KILLIGER, Sr.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-6-74
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Manager	11. BIRTHPLACE (City and State or Foreign Country) Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Flour Mills of Amer.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Killiger	13b. MOTHER'S MAIDEN NAME Catherine Foley	14. NAME OF HUSBAND OR WIFE Margaret Killiger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 486-07-5675	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Killiger, 3208 Summit, KC, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 1 yr		MEDICAL CERTIFICATION Arteriosclerotic heart disease	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Cerebral arteriosclerosis	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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) (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 **11-1**, 19**53**, to **2-10**, 19**54** that I last saw the deceased alive on **2-10**, 19**54** and that death occurred at **6:30 p** m., from the causes and on the date stated above.

23a. SIGNATURE Graham Owens M.D.	23b. ADDRESS 906 Grand KC Mo	23c. DATE SIGNED 2-11-54
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-13-54	24c. NAME OF CEMETERY OR CREMATORY mt. Olivet
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		

DATE REC'D BY LOCAL REG. 2-11-54	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-MoGilley-Eylar, Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Graham

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 *Melvin Bartlett*.....

Licensed Embalmer No. *49*.....

P. O. Address *KC*.....

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.