

5. No. 300  
10. 48

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18346

022 3012

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5300 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO.</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferris - Rural 0250</u>	
c. LENGTH OF STAY (in this place) <u>8 yr</u>		d. STREET ADDRESS (If rural, give location) <u>6 Miles North West.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles North West.</u>		d. STREET ADDRESS (If rural, give location) <u>6 Miles North West.</u>	
3. NAME OF DECEASED a. (First) <u>Michael</u> b. (Middle) <u>Francis</u> c. (Last) <u>Kilmartin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 13</u>
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR (Months) (Days)	10. UNDER 1 HRS. (Hours) (Mins.)
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>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron, (Clinton)</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Patrick Kilmartin</u>		13b. MOTHER'S MAIDEN NAME <u>M.M. Schramm</u>	
14. NAME OF HUSBAND OR WIFE <u>Merle Kilmartin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>487-14-9852</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Kilmartin Stewart</u> ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures of chest &amp; back</u>  ANTECEDENT CAUSES DUE TO (b) <u>In tractor (farm) fell on body</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CORONER</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SAVED BY HOME</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>STATE</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? <u>Tractor who went in 10 ft ditch</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dr. J. Reisman D.O.</u>		23b. ADDRESS <u>Ferris Mo</u>	
23c. DATE SIGNED <u>June 19 54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery Cameron Mo</u>	
24d. LOCATION (City, town, or county) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Cannon</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>JUL 7 1954</u>		REGISTRAR'S SIGNATURE <u>John J. Cannon</u>	

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

*Robert F. Poland*

Licensed Embalmer No. *4774*

P. O. Address *230 West 34th St  
New York City*

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.