

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34357**
 BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Colorado b. COUNTY Weld	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY, (in this place) 1 1/2 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greeley d. STREET ADDRESS (If rural, give location) 1012 25th Street	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) FRANKLIN	c. (Last) KERR	4. DATE OF DEATH (Month) (Day) (Year) 10-11-1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-6-1881	9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. 73 0 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Robert Kerr	13b. MOTHER'S MAIDEN NAME Adeline Stogstill	14. NAME OF HUSBAND OR WIFE Ida Kerr	1612 5th St. Greeley, Colo.
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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) No	16. SOCIAL SECURITY NO. 523-42-7903	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Taylor	ADDRESS 3009 Carey Ave., Cheyenne, Wyo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Contusions 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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Twin Groves Twshp, Jasper, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-9-1954, 5 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Collission
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22. I hereby certify that I attended the deceased from 10-9-1954, 1954, to 10-11-, 1954, that I last saw the deceased alive on 10-11-, 1954, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. ... D.D.	23b. ADDRESS Carl Junction, Missouri	23c. DATE SIGNED 10-12-1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-13-1954	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Cheyenne, Wyoming
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DATE REC'D BY LOCAL REG. 10-12-'54	REGISTRAR'S SIGNATURE Mrs. Madeline Sirtgen	474	25. FUNERAL DIRECTOR'S SIGNATURE Don Lowery	ADDRESS Carl Junction
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed
OCT 18 1954

OCT 20 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

Harvey E. Amice

Licensed Embalmer No. *4463*

P. O. Address *West City, 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.