

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32777

State File No. _____

No. 300
10.48

FILED OCT 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5449</u>		Registrar's No. <u>109</u>		
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Mo</u> c. COUNTY <u>Gentry</u>				
b. CITY OR TOWN <u>Jackson Township King City</u>		c. LENGTH OF STAY (in this place) <u>80 yrs.</u>		c. CITY OR TOWN <u>King City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grant C. Peery Home</u>				e. STREET ADDRESS (If rural, give location) <u>3 mi. north east . 2350</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Kerr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10.14.1955</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>5.11.1865</u>		
				9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u> IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Green Co. Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Addison Goodwin</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Myrick</u>			14. NAME OF HUSBAND OR WIFE <u>Tom Kerr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grant C. Peery, King City Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>					<u>2 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Arteriosclerosis</u>					<u>2 yr</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4221F</u>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Hip 9-2-55</u>)						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>1951</u> , 19 <u> </u> , to <u>Oct 14, 1955</u> , that I last saw the deceased alive on <u>Oct 13, 1955</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. J. McEligain</u>				23b. ADDRESS <u>St. Lawrence Mo</u>		23c. DATE SIGNED <u>10-15-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10.16.55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ford City</u>		24d. LOCATION (City, town, or county) (State) <u>Ford City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 16-55</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. J. Paggitt King City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
R. H. Teggart

Licensed Embalmer No. 2563.....

P. O. Address King 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.