

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34404**BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4442** Registrar's No. **152**

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph													
b. CITY OR TOWN Huntsville		c. LENGTH OF STAY (In this place) 24 yrs.		c. CITY OR TOWN Huntsville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Street				e. STREET ADDRESS (If rural, give location) Oak Street													
3. NAME OF DECEASED (Type or Print) Maggie			a. (First)		b. (Middle)		c. (Last) Kerr										
4. DATE OF DEATH October 22 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb. 25, 1884		9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____							
5. SEX female			6. COLOR OR RACE white			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home			11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Arthur Ramaga				13b. MOTHER'S MAIDEN NAME Dorothy Watson				14. NAME OF HUSBAND OR WIFE David Kerr									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Miss Lorene Kerr: Huntsville, Missouri						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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis								INTERVAL BETWEEN ONSET AND DEATH 1 year					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) arterio-sclerosis				DUE TO (c) 4221				D.K.					
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 none								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) (Min.)			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 Sept 10, 1954 , to Oct 21, 1955 , that I last saw the deceased alive on Oct 21, 1955 , and that death occurred at 6 p. m. , from the causes and on the date stated above.																	
23a. SIGNATURE D. V. Dreyer MD (Degree or title)						23b. ADDRESS Huntsville, Mo.						23c. DATE SIGNED 10/24/55					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial			24b. DATE 10-24-1955			24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery			24d. LOCATION (City, town, or county) (State) Huntsville, Missouri								
DATE REC'D BY LOCAL REG. 10-24, 1955			REGISTRAR'S SIGNATURE Mary A. Bentley			482			25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton ADDRESS Huntsville								

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

5123

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 *Tom B Patton*.....

Licensed Embalmer No. *391*.....

P. O. Address *Huntsville*.....

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.