

FILED FEB 6 1956

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

193

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>22 days</u>		c. CITY OR TOWN <u>Seymour</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>E.F.S. Cancer Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>1120</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Kerr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-12-1880</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Knott</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Kerr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records / Richards</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA, KIDNEY</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>180X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u>	
19a. DATE OF OPERATION <u>1-19-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>INOPERABLE CARCINOMA</u>				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) _____		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>1-6</u> , 1956, to <u>1-28</u> , 1956, that I last saw the deceased alive on <u>1-28</u> , 1956, and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Elmer J. Scheive MD</u> (Degree or title)				23b. ADDRESS <u>STATE CANCER HOSP</u>		23c. DATE SIGNED <u>1-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/31/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>		24d. LOCATION (City, town, or county) (State) <u>Seymour MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 30, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		31. FURNAL DIRECTOR'S SIGNATURE <u>Spencer Spindle</u>		ADDRESS <u>Columbia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Lynard Sprinkle*

Licensed Embalmer No. *4012*

P. O. Address *Columbia*

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.