

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25062**

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5804**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Marion	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 6hrs	c. CITY OR TOWN Belle	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 Barnes Hospital		e. STREET ADDRESS (If rural, give location) P. O. Box, 222	

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) William c. (Last) Kearley			4. DATE OF DEATH (Month) (Day) (Year) June 18, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 9, 1871	9. AGE (In years last birthday) 84yrs	IF UNDER 1 YEAR Months Days 6 18 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Elec. Eng.		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Hartsville Tenn.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Giles	13b. MOTHER'S MAIDEN NAME Martha Jane Harris	14. NAME OF HUSBAND OR WIFE Madeline Ralph Kearley
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 495-12-9690	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert C. Kearley Belle, Mo.
--	---	--

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 6 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIO SCLEROTIC HEART DISEASE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. with KILN		
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 420.0	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) (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 **APRIL 9, 1956**, to **MAY 10, 1956**, that I last saw the deceased alive on **MAY 10, 1956**, and that death occurred at **12:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. C. White M.D.	23b. ADDRESS 1194 HADJIA KHAN AVE.	23c. DATE SIGNED 6-18-56
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 13, 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
---	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. JUN 19 1956	REGISTRAR'S SIGNATURE John C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar
--	--	---

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

Dr 00 White
1194 Hadamont
Pa 18755

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.....

Jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6178 Elm

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.