

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

State File No. **44552**

FILED DEC 18 1956

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **238**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY OR TOWN Nevada	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 yrs.		e. STREET ADDRESS (If rural, give location) 219 S. Spring	
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 S. Spring St.		10820	
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Bryan c. (Last) Killion			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1956
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 8, 1894
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and State or Foreign Country) Houston, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME James H. Killion	
13b. MOTHER'S MAIDEN NAME Melvina Hayes		14. NAME OF HUSBAND OR WIFE Laura Hiestand Killion	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I		16. SOCIAL SECURITY NO. 457-01-8984	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Killion, 219 S. Spring		ADDRESS Nevada, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left Ventricular failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerosis heart disease. 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"/>		4200	
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 July , 19 54 , to Dec. 1 , 19 56 , that I last saw the deceased alive on 12-1-56 , 19 56 , and that death occurred at 9:00 P. from the causes and on the date stated above.			
23a. SIGNATURE L. P. McCann (Degree or title) M.D.		23b. ADDRESS Moore Bldg., Nevada, Mo.	
23c. DATE SIGNED 12-7-56		24a. BURIAL, CREMATION, REMOVAL, (Specify) Burial	
24b. DATE 12-4-56		24c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	
24d. LOCATION (City, town, or county) (State) Milo, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home Nevada, Mo.	
DATE REC'D BY LOCAL REG. 12-10-1956		REGISTRAR'S SIGNATURE Anna E. Adley	

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 *L. Douglas Perry*.....

Licensed Embalmer No. *4...960*

P. O. Address *Asuado, 22*

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.