

FILED JUN 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017910
State File No. _____

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5754 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. MICHAELS TOWNSHIP</u>		c. CITY OR TOWN	d. 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>Highway 67 E - 1/2 mi. S. of FREDERICKTOWN</u>		STREET ADDRESS (If rural, give location) <u>Highway 67 E - 7 FREDERICKTOWN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>LEROY</u> c. (Last) <u>KILLIAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 3, 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 27, 1890</u>
9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LEAD MINER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MARQUAND - MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MONROE KILLIAN</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH REVELLE</u>	14. NAME OF HUSBAND OR WIFE <u>MELLIE KILLIAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>W.W.#1 497-07-2048</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MELLIE KILLIAN - FREDERICKTOWN, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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>July 14, 1955</u> , to <u>June 3, 1957</u> , that I last saw the deceased alive on <u>May 27, 1957</u> , and that death occurred at <u>2:20 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles E. Michaelis M.D.</u>		23b. ADDRESS <u>135 S. mine La Motte Fredericktown Missouri</u>	23c. DATE SIGNED <u>June 5 '57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/5/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
DATE REC'D BY LOCAL REG. <u>6-5-1957</u>	REGISTRAR'S SIGNATURE <u>Pharence [unclear]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Adamson - FREDERICKTOWN, MO.</u>	

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

197

WADSWORTH COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUN 10 1957

FILE No. 657-36

JUN 12 1957

JUN 15 1957

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 Raymond B. Wilson

Licensed Embalmer No. 4889

P. O. Address Fredericktown

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.