V.S. No. 300
Rev. 10.48

FILED MAY 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19780

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 87

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shuffit Nursing Home

2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission.
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steele
d. STREET ADDRESS (If rural, give location): —

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3. NAME OF DECEASED (Type or Print)
a. (First): Lonnie
b. (Middle):
c. (Last): Killett

4. DATE OF DEATH (Month) (Day) (Year): 5-2-57

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-2-1889
9. AGE (In years last birthday): 67 — If under 1 year: Months 5, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Janitor
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (City and State or Foreign Country): Lake Co Tenn
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charlie Killett
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Nannie Killett

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 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) General Debility — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Rheumatoid Arthritis
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - gen.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 722.0
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1956, to 5-2, 1957, that I last saw the deceased alive on 5-1, 1957, and that death occurred at 2 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. D. Urban M.D.
23b. ADDRESS: Sikeston
23c. DATE SIGNED: 5-6-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-5-57
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion
24d. LOCATION (City, town, or county) (State): Steele Mo

DATE REC'D BY LOCAL REG.: May 9-57
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gernon Tindt Co. Steele, Mo

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(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAY 13 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-100

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 .....
Student Embalmer

Signed Leo Hedgepeth

Licensed Embalmer No. 5803

P. O. Address New Madrid Mo

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 this body is not embalmed, fact should be so stated above.