

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23778

State File No. _____

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5172 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY OR TOWN <u>Shamrock Twp. Montgomery City Rural</u>		c. CITY OR TOWN <u>Montgomery City</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs</u>		d. Is 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>R. F. D. 2 Montgomery City</u>		f. STREET ADDRESS (If rural, give location) <u>R. F. D. #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u>	b. (Middle) <u>Bell</u>	c. (Last) <u>Kerr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4/21/1883</u>	9. AGE (In years last birthday) <u>74</u>	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) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Sterling, Ill.</u>		12. CITIZENRY? <u>USA</u>

13a. FATHER'S NAME <u>George Hecox</u>	13b. MOTHER'S MAIDEN NAME <u>Bell Willie</u>	14. NAME OF HUSBAND OR WIFE <u>George Kerr</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Qualls</u>	ADDRESS <u>Montgomery City</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocarditis and hyperacid digestion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>More than 2 years</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from June 14, 1956, to Aug. 1957, that I last saw the deceased alive on Aug 5, 1957, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Reside or title)	23b. ADDRESS <u>Wellsville Mo</u>	23c. DATE SIGNED <u>8/8/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 10 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivette</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibla, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 9-1957</u>	REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u>	ADDRESS <u>Mexico, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Chris Arueda*.....
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Licensed Embalmer No.....

P. O. Address *Mesa*.....

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.