

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43153

FILED NOV 19 1957

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Saline		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Luella Kirtley			4. DATE OF DEATH Nov. 8 1957		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mch. 15-1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 7 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Slater, Mo.		12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME Ryal Kirtley			14. MOTHER'S MAIDEN NAME Emma Saltonstall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.	17. INFORMANT Leonard C. Kirtley--Slater, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atypical Pneumonia DUE TO (b) Heart failure DUE TO (c) 490x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 2 4 HOURS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from Nov. 7-57 to Nov 8-57 and last saw her alive on Nov 7-57 . Death occurred at 3. 17. 57 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S. Nilsen (Degree or title)			22b. ADDRESS 214 1/2 N. Main Slater Mo		22c. DATE SIGNED 11-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/12/1957	23c. NAME OF CEMETERY OR CREMATORY Ht. Moriah	23d. LOCATION (City, town, or county) Slater, No.	(State)	
24. FUNERAL DIRECTOR Hill Brothers		ADDRESS Slater, Mo.	25. DATE RECD. BY LOCAL REG. 11-12-57	26. REGISTRAR'S SIGNATURE Mrs. Earl C. Metz	

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. ~~127~~ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Sam M. Hill*

Licensed Embalmer No. *128*

P. O. Address *Alto*

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.