S. No. 300
Rev. 10.48

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4132

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 6

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): Illmo
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at J. P. Sanders home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Commerce Twp
d. STREET ADDRESS (If rural, give location): 3 mi S. of Illmo 1000

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): VIRGINIA
c. (Last): KERLEY

4. DATE OF DEATH (Month) (Day) (Year): JAN 5, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 17, 1883
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Near Commerce, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Geo. W. Miller
13b. MOTHER'S MAIDEN NAME: Susan I Spradlin
14. NAME OF HUSBAND OR WIFE: Jesse Leo Kerley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jesse Leo Kerley — ADDRESS: Illmo, Mo

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): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: app T month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paroxysmal Atrial Tachycardia — 10 days
DUE TO (c): Arteriosclerotic Heart Disease — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cancer of left breast
Malnutrition — 4200H — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Large Ulcer of left leg
Osteoporosis
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* Dec. 20, 1957, *to* Jan. 5, 1958, *that I last saw the deceased alive on* Dec. 29, 1957, *and that death occurred at* 1:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald M. Hoxworth, M.D.
23b. ADDRESS: 24 N. Spring, Cape Girardeau, Mo.
23c. DATE SIGNED: 1/7/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-58
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo

DATE REC'D BY LOCAL REG.: 1-8-58
REGISTRAR'S SIGNATURE: Mrs Fred Bregenzer
25. FUNERAL DIRECTOR'S SIGNATURE: Bispling Roff Funeral Home — ADDRESS: Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED JAN 13 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-13

JAN 29 1958

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 Ollie C Smith

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.