

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013749
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 19

S. 300
1-57

361

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		c. CITY OR TOWN SULLIVAN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORTHSIDE HOSPITAL		d. STREET ADDRESS (If outside, give location) 40 E. EUCLID	
3. NAME OF DECEASED (Type or print) First Middle Last DONALD E. KILLIAN		4. DATE OF DEATH Month Day Year MAY 2 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY FOOD	11. BIRTHPLACE (City and state or country) PERRYVILLE, MO.
13a. FATHER'S NAME GEORGE KILLIAN		13b. MOTHER'S MAIDEN NAME VICTORIA BURNS	14. NAME OF HUSBAND OR WIFE OLIVE CISELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 487-38-2720	17. INFORMANT Address OLIVE KILLIAN SULLIVAN, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary sclerosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 3 hrs 4 or 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 November 1953 to May 2, 1958 and last saw her/him alive on May 2, 1958 Death occurred at 3:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) De la Torre M.D. Sullivan, Mo		22b. ADDRESS	22c. DATE SIGNED 5/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	MAY 5, 1958	ST ANTHONY CH. CEM.	SULLIVAN MO.
24. FUNERAL DIRECTOR Wheaton Sullivan, Mo.		25. DATE RECD. BY LOCAL REG. 5-5-58	26. REGISTRAR'S SIGNATURE Thomas A. Humphrey

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 *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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