

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026063

STATE FILE NUMBER

FILED AUG 13 1958

Registration District No. 160

Primary Registration District No. 559V

Registrar's No. 119

300
1-57

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Festus 0500 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mtn. View Conv. Home		Length of stay in 1b 15 days	d. STREET ADDRESS (If outside, give location) Rte. # 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edmund Middle Kerruish Last Kerruish			4. DATE OF DEATH Month Aug Day 3 Year 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 July 16, 1869		9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>

10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Retail Grocer	10b. KIND OF BUSINESS OR INDUSTRY Grocer	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Kerruish	13b. MOTHER'S MAIDEN NAME Mary Ann Lowney	14. NAME OF HUSBAND OR WIFE Theresa Kerruish
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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) No	16. SOCIAL SECURITY NO. 493-38-1292	17. INFORMANT Address Mrs. Theresa Kerruish, Festus, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Bronchial Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic heart disease DUE TO (c) nephritis Chronic		INTERVAL BETWEEN ONSET AND DEATH 4 days unk unk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X		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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT <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 Festus, Mo.	COUNTY Jefferson	STATE Missouri
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21. I attended the deceased from Death occurred at July 2 - 58 , to Aug 2 - 58 and last saw her/him alive on August 2 - 58 on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Nancy Gasket Inf. 0	22b. ADDRESS Festus, Mo.	22c. DATE SIGNED 8/4/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Catholic	23d. LOCATION (City, town, or county) (State) Festus, Crystal City, Mo.
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24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Homes, Inc., Festus	25. DATE REC'D BY LOCAL REG. 8-4-58	26. REGISTRAR'S SIGNATURE June G. Sigdon
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

109

AUG 14 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MS
NOV 30 1958

DATE RECEIVED

AUG 12 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 _____
Signature of Student Embalmer

Signed *Keith B. Vinson*

Licensed Embalmer No. *4976*

P. O. Address *Festus, 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.