

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028377

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 516

300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Dexter	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital		d. STREET ADDRESS (If outside, give location) R.F.D. #3	

3. NAME OF DECEASED (Type or print) First Virgile Middle Ezra Last Killmer			4. DATE OF DEATH Month Aug. Day 20 Year 1958		
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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 April 28, 1894	9. AGE (In years at birthday) 64	IF UNDER 1 YEAR Months 3 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dexter, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Reuben Killmer	13b. MOTHER'S MAIDEN NAME Janie Pollock	14. NAME OF HUSBAND OR WIFE Rhoda Killmer
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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. 500-38-9722	17. INFORMANT Address Mrs. Rhoda Killmer, Dexter, 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) Coe pulmonale		INTERVAL BETWEEN ONSET AND DEATH 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4344
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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 _____ 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 Poplar Bluff, Mo	COUNTY Butler	STATE Mo
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21. I attended the deceased from Death occurred at 10:50 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.	and last saw her alive on Aug 20, 1958	and last saw him alive on Aug 20, 1958
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22a. SIGNATURE <i>R. Killmer</i>	(Degree or title)	22b. ADDRESS Poplar Bluff, Mo	22c. DATE SIGNED 8-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-23-58	23c. NAME OF CEMETERY OR CREMATORY Sycamore	23d. LOCATION (City, town, or county) (State) R.F.D. #3, Dexter, Mo.
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24. FUNERAL DIRECTOR Strickland-Rainey	ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 8/30/58	26. REGISTRAR'S SIGNATURE <i>R. Killmer</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

SEP 3 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Lucille Rainey _____

Licensed Embalmer No. 4983

P. O. Address Butler, 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.