

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037056

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Chillicothe</b>		c. CITY (If outside, give location) OR TOWN <b>Chillicothe</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Susans Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>1120 Miller Ave</b>	
Length of stay in 1b <b>3 months</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>JANE</b> Last <b>KERR</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>22</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 11, 1878</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Dawn, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William H. Winfrey</b>	13b. MOTHER'S MAIDEN NAME <b>Parthena Oliver</b>	14. NAME OF HUSBAND OR WIFE <b>(Deceased)</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Marie Howell</b>	Address
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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) <b>Self Imposed Starvation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Months</b>
DUE TO (b) <b>Senile Dementia</b>		<b>6 Months</b>
DUE TO (c) <b>Generalized Arteriosclerosis</b>		<b>Unknown</b>
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 <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 <b>Chillicothe, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from **July 1958** to **Oct. 22, 1958** and last saw <sup>her</sup> ~~him~~ alive on **Oct. 21, 1958**  
Death occurred at **10: p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>William H. Fair</i>	(Degree or title)	22b. ADDRESS <b>Chillicothe, Mo.</b>	22c. DATE SIGNED <b>10-24-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-25-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Avalon Cemetery</b>	23d. LOCATION (City, town, or county) <b>Avalon, Missouri</b>	(State)
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24. FUNERAL DIRECTOR <b>Donald Gordon</b>	ADDRESS <b>Chillicothe, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct-24-58</b>	26. REGISTRAR'S SIGNATURE <i>Francis B Neill</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

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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 *Richard H. Bandal*

Licensed Embalmer No. *48766*  
P. O. Address *Millicotte*

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.