THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046857
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 324 Primary Registration District No. 3672 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Mt. Leonard 0970 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fitzgibbon, Hosp. — Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) x — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DANIEL Middle Last KERR		4. DATE OF DEATH Month Day Year 12-13-1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 1-12-1870
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Saline Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Daniel Kerr		14. MOTHER'S MAIDEN NAME Rosie Kerr	
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 Address Miss Mary Kerr, RR Malta Bend Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vas Accident — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vas Thrombosis.

DUE TO (c) Arteriosclerosis.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Aug 16 1957 to Dec 13 and last saw her/him alive on Dec 13
Death occurred at 7:20 Pm. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] I (Degree or title) Mo	22b. ADDRESS Marshall, Missouri	22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-16-1958	23c. NAME OF CEMETERY OR CREMATORY St. Mary Cemetery	23d. LOCATION (City, town, or county) (State) Saline Co. Missouri
24. FUNERAL DIRECTOR Sullenley-Reser	ADDRESS Marshall	25. DATE RECD. BY LOCAL REG. 12-15-59	26. REGISTRAR'S SIGNATURE Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B.F. Knipschild

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack W. Keser

Licensed Embalmer No 46

P. O. Address Marshal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.