

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000403
STATE FILE NUMBER

FILED JAN 23 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff 01240		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1715 Woodrow		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Henry Last Kerlee			4. DATE OF DEATH Month Jan. Day 5, Year 1959		
5. SEX Male c	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 4, 1862		9. AGE (In years last birthday) 95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Taylorville, Mo G		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Chas. W. Kerlee		13b. MOTHER'S MAIDEN NAME Mary A. Crenshaw		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT Address Welfare Office, Poplar Bluff, 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) Cerebra Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH Few hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Generalized arteriosclerosis				Years	
DUE TO (c) Advanced Age					
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"/> 2	
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 <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 _____ to _____ and last saw him alive on _____ Death occurred at 9:00 A. M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edward W. Coline, M.D. (County) (City)		22b. ADDRESS Poplar Bluff, Mo		22c. DATE SIGNED 1/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/7/1959		23c. NAME OF CEMETERY OR CREMATORY Woodland	
23d. LOCATION (City, town, or county) Poplar Bluff, Mo.					
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, ADDRESS Poplar Bluff		25. DATE RECD. BY LOCAL REG. 1/17/59		26. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles E. Mung*

Licensed Embalmer No. *4877*

P. O. Address *T. P. ...*

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.