

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000977
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 56

300
-57

1. PLACE OF DEATH a. COUNTY <i>Greene</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pala</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Rural-Morris</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>OSARK OSTEOPATHIC HOSPITAL</i>				Length of stay in 1b HOSPITAL		d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First Middle Last <i>Darrell Kay Killian</i>				4. DATE OF DEATH Month Day Year <i>JAN. - 15 - 59</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>3-24-58</i>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days <i>9 21</i>		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Bolivar, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13a. FATHER'S NAME <i>Loonie Killian</i>			13b. MOTHER'S MAIDEN NAME <i>Lois Boatz</i>			14. NAME OF HUSBAND OR WIFE <i>Infant</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Low Killian Rte 3 Bolivar Mo.</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute respiratory failure</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2-3 days</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Lobar Pneumonia</i>							<i>9 days</i>		
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>490X</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <i>Jan. 13 - 59</i> to <i>Jan. 15 - 59</i> and last saw him alive on <i>Jan. 15 - 59</i> Death occurred at <i>2:40 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Andrew Martinek D.O. 2</i>				22b. ADDRESS <i>Springfield, Mo</i>			22c. DATE SIGNED <i>1-15-59</i>		
23a. BURIAL, CREMATION, REMOVAL (specify) <i>Removal</i>		23b. DATE <i>Jan. 17 - 59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Charity Cemeter</i>		23d. LOCATION (City, town, or county) (State) <i>Dallas Cr. Mo.</i>			
24. FUNERAL DIRECTOR <i>Pittsford Home - Bolivar, Mo.</i>			ADDRESS		25. DATE RECD. BY LOCAL REG. <i>1-16-59</i>		26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

ALL DISSEASERS 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 *Richard J. Pitts*

Licensed Embalmer No. *4939*

P. O. Address *Bolevin, 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.