THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010073
STATE FILE NUMBER

FILED APR 15 1959 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BROOKFIELD — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Doctors Hosp. — Length of stay in 1b: 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CHARITON
c. CITY OR TOWN: BRUNSWICK Mo 0210 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JOHN Middle: OSWALD Last: KELLIKER
4. DATE OF DEATH: Month 4 Day 4 Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH: Dec 10-1874
9. AGE (In years last birthday): 84 — 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): RETAILER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and state or country): BRUNSWICK MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: OSWALD KELLIKER
14. MOTHER'S MAIDEN NAME: CAROLINE MEYER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none.
16. SOCIAL SECURITY NO.: 495-36-5270
17. INFORMANT: Jim Kelliker Address: Brunswick

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) Massive myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterosclerosis — 10 yrs.
DUE TO (c) Hypertension — 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
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 Dec. 21 1957, to April 4 1959 and last saw her/him alive on 4-4-59
Death occurred at 3:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) D.O. 2
22b. ADDRESS: Brunswick, Missouri
22c. DATE SIGNED: 4-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-8-1959
23c. NAME OF CEMETERY OR CREMATORY: Elliott Grove
23d. LOCATION (City, town, or county) (State): Brunswick Missouri
24. FUNERAL DIRECTOR: L. C. McCurry — ADDRESS: Brunswick Mo.
25. DATE RECD. BY LOCAL REG.: 4-7-59
26. REGISTRAR'S SIGNATURE: Kathaline Johnson clerk

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUL 14 1959

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 L. E. McCurry

Licensed Embalmer No. 48

P. O. Address Brenna

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.