

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014414
STATE FILE NUMBER

FILED APR 29 1959

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 30

300
-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLIVRETOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BOWLING GREEN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 0820 R.F.D 1

3. NAME OF DECEASED (Type or print) First Middle Last JOHN WESLEY KERR			4. DATE OF DEATH Month Day Year APRIL 20 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 12 1924	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or county) PIKE COUNTY, MO	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN B. KERR		13b. MOTHER'S MAIDEN NAME NELLIE D. GILLUM		14. NAME OF HUSBAND OR WIFE MARY B. KERR	
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. YES		17. INFORMANT JOHN B. KERR, BOWLING GREEN 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) Skull fracture, crushed chest		INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO (b) Trauma to Heart		
DUE TO (c) Compound fracture of Tibia + Fibia		
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 checked="" 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.) automobile accident head on collision	
20c. TIME OF INJURY Hour Month, Day, Year 6:10 p.m. 4-20-59			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 54	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE Bowling Green Pike Mo.	
21. Attended the deceased from _____ to _____ Death occurred at 6:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		Did last see him live on April 20-59	

22a. SIGNATURE (Degree or title) J. D. Meuld Coroner 3		22b. ADDRESS Bowling Green Mo.		22c. DATE SIGNED 4-21-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APRIL 24 '59		23c. NAME OF CEMETERY OR CREMATORY BOWLING GREEN CEMETERY BOWLING GREEN MISSOURI	
24. FUNERAL DIRECTOR GRAVE BANKHEAD		ADDRESS BOWLING GREEN, MO		25. DATE RECD. BY LOCAL REG. 4-25-59	
				26. REGISTRAR'S SIGNATURE Bill Robinson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

FEB 1 2 1 1961
KAW

JAN 6 1961

MAY 20 1959
KAW

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 *Harold C. Kirk*

Licensed Embalmer No. *4597*

P. O. Address *Banning, Ca*

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.