

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**60-011739**

FILED VS MAR 23 1960

195

Registration District No. Primary Registration District No. 4305

Registrar's No. 28-60

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>McDonald</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Anderson</b>		a. STATE <b>Mo</b>		b. COUNTY <b>McDonald</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		Length of stay in 1b <b>12 yrs</b>		c. CITY OR TOWN <b>Anderson</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Gladys</b> Middle <b>Kerrins</b> Last <b>Kerrins</b>				4. DATE OF DEATH Month <b>2</b> Day <b>26</b> Year <b>1960</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-17-1890</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (City and state or country) <b>Remington, Ind.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James S. Shreffler</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Parker</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas F. Kerrins</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Th</b> <b>Thomas F. Kerrins</b> Address <b>Anderson, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <b>72 hours</b>	
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>							
DUE TO (b) <b>Hypertension</b>							
DUE TO (c) <b>Arteriosclerotic Vascular Disease</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <b>2:30</b> a.m. <b>2-23-60</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 <b>Anderson, Missouri</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>2-23-60</b> to <b>2-26-60</b> and last saw <sup>her</sup> <del>him</del> alive on <b>2-24-60</b> Death occurred at <b>2:30</b> <b>P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <b>Anderson, Missouri</b>		22c. DATE SIGNED <b>2-27-60</b>	
23a. BURIAL, CREMATION, OR REINTERMENT (Specify) <b>Burial</b>		23b. DATE <b>2-28-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Peace Valley Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Anderson Mo.</b>	
24. FUNERAL DIRECTOR <b>Humphrey &amp; Son F. Home</b> ADDRESS <b>Pineville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>March 15, 1960</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Mayne B. Humphreys

Licensed Embalmer No. 4262

P. O. Address Pineville

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.