

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

=60-018514

FILED VS MAY 31 1960

Registration District No. 2/3 Primary Registration District No. 3007 Registrar's No. 298 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b	c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #2 Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Arvil Middle Killian Last Killian			4. DATE OF DEATH Month May Day 9 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-18	9. AGE (last birthday) 41	IF UNDER 1 YEAR 9 Months Day 25 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Killians Grocery and Service station		10b. KIND OF BUSINESS OR INDUSTRY Service station	11. BIRTHPLACE (City and state or country) Goreville, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME D.W. Killian		13b. MOTHER'S MAIDEN NAME Grace		14. NAME OF HUSBAND OR WIFE Ellen Stout Killian	
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 Ellen Killian, 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 1 yr unknown
DUE TO (b) Chronic glomerulonephritis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, anemia			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 checked="" 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 _____ a.m. _____ p.m. 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 3-2-60 to 5-9-60 and last saw her/him alive on 5-9-60	COUNTY	STATE
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 5:55 P. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>David V. Miller</i> (Degree or title)		22b. ADDRESS 621 Pine Blvd, Poplar Bluff Mo		22c. DATE SIGNED 5-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-12-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR Frank Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 5-21-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Mung

Licensed Embalmer No. 4877

P. O. Address Poplar Bl

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.