

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 29 1960

-60-035381

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 4276 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pierce City</b>		Length of stay in lb <b>4 years</b>		c. CITY OR TOWN <b>Pierce City Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>200 Walnut Street</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>200 Walnut Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Charley</b> Middle <b>George</b> Last <b>Kellhofer</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>17</b> Year <b>1960</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-6-1875</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>10</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Ritchey Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Kellhofer</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>Maude E. Kellhofer</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 Address <b>Maude E. Kellhofer Pierce City Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
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 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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>							
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		COUNTY	STATE
21. I attended the deceased from <b>6-20-60</b> to <b>9-17-60</b> and last saw <sup>her</sup> him alive on <b>9-16-60</b> Death occurred at <b>4:45 am</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Charles S. Moon DO.</b>				22b. ADDRESS <b>Pierce City Mo</b>		22c. DATE SIGNED <b>9-8-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-20-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Van Buren Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Newton County Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Wilks Bros. Pierce City Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>9-20-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs P.N. Cook</b>		

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

*Edwin Wilks*

Licensed Embalmer No. 4131

P. O. Address Peace City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.