

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046508

OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 51

FILED VS DEC 21 1960

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in Tb <u>70 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6309 Longview Road</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>6309 Longview Road</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>MR. THOMAS E. KILLIGER</u>				4. DATE OF DEATH Month Day Year <u>Dec. 11, 1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-8-1867</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and state or country) <u>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Killiger</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Foley</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Killieger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>500-12-1401</u>		17. INFORMANT Address <u>Mrs. Emma Killiger- 6309 Longview Rd.</u>				
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 <u>Immediate</u>		
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>									
DUE TO (b) <u>A.S.H.D.</u>									
DUE TO (c) <u>Generalized arterio-sclerosis</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>age, Recent Pneumonia</u>							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 Month, Day, Year a.m. p.m.									
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 <u>1955</u> to <u>Death</u> and last saw her <u>Dec 4, 1960</u> Death occurred at <u>Home</u> <u>8 1/2</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
21a. SIGNATURE (Degree or title) <u>H. J. Lettman M.D.</u>				21b. ADDRESS <u>Stickman Mills MO</u>				22c. DATE SIGNED <u>12-12-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-13-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilley-Eylar--1800 E. Linwood</u>				25. DATE RECD. BY LOCAL BKG. <u>12-13-60</u>		REGISTRAR'S SIGNATURE <u>Sterling E. Goddard</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 21 1960

Dr. Ketter
5801 King

Mem. 11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James B. Ketter

Licensed Embalmer No. 43

P. O. Address 1104

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