

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014341

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 303b Registrar's No. 43

AMENDED

FILED MAY 10 1961

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Length of stay in 1b 2 hrs.		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 216 Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Evona Middle Killman Last				4. DATE OF DEATH Month April Day 30 Year 1961									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/31/61		9. AGE (last birthday) 1 Month		IF UNDER 1 YEAR Months 1 Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Steven Killman				13b. MOTHER'S MAIDEN NAME Evelyn Colwell				14. NAME OF HUSBAND OR WIFE infant					
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. none		17. INFORMANT Address Mrs. John Colwell Monett, 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) Intra-aerial trauma & hemorrhage & contusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) shunt DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
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"/> N. <input type="checkbox"/> Unknown					
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.) Car & train collision									
20c. TIME OF INJURY 3:50 p.m.		Month, Day, Year 3 30 61											
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.) Aurora Lawrence Mo.		20f. CITY, TOWN, OR LOCATION Aurora Lawrence Mo.		COUNTY		STATE					
21. I attended the deceased from Apr. 30 '61 to Apr. 30 '61 and last saw her live on Apr. 30 '61 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. D. Buchanan M.D. (Degree or title)						22b. ADDRESS 205 Elliott Aurora			22c. DATE SIGNED 5-3-61				
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 5/3/61		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) Monett, Mo.		(State)					
24. FUNERAL DIRECTOR J. D. Buchanan Address Monett, Mo.				25. DATE RECD. BY LOCAL REG. 5-3-1961		26. REGISTRAR'S SIGNATURE Mimmie McNett, Deputy							

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 *J. D. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.