

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021870

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 5073 Registrar's No. 45

FILED JUN 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barton</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Northfork Twp</u>  |   | Length of stay in 1b<br><u>80 years</u>   | c. CITY OR TOWN <u>Lamar</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>At Home</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Route 2</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <u>SOPHIA</u> Middle <u>KILLEY</u> Last <u>KILLEY</u>   |   |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>15</u> Year <u>1962</u>   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10-19-1876</u>  |
| 9. AGE (last birthday)<br><u>85</u>  |   | IF UNDER 1 YEAR<br>Months <u>    </u> Days <u>    </u>  | IF UNDER 24 HR<br>Hours <u>    </u> Min. <u>    </u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Barton County, Mo.</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>   |   | 13a. FATHER'S NAME<br><u>Frank Killey</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Louise Kaderly</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>---</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br><u>Miss Pearl Killey Lamar, Mo.</u><br>Address  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 days</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>-</u><br>DUE TO (c) <u>Hypertension</u>  |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>    </u> a.m. <u>    </u> p.m.<br>Month, Day, Year <u>    </u>  |   | 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>6-5-62</u> to <u>6-15-62</u> and last saw her alive on <u>6-15-62</u><br>Death occurred at <u>10 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><u>D.R. Guedes M.D.</u><br>(Degree or title)   |   | 22b. ADDRESS<br><u>Lamar</u>  | 22c. DATE SIGNED<br><u>6/18/62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>6-18-1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Waters Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Barton County, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Chiles Funeral Home, Lamar, Mo.</u><br>ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><u>6-18-62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Marie Konarty</u>  |

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

JUN 21 1962

**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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Sanat 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.