

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 00159406 STATE FILE NUMBER

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.

BY AFFIDAVIT OF

<p>PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in lb years _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>610 E. Grandriver St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>DERRY WILLIAM KERR</u></p>		<p>4. DATE OF DEATH Month Day Year <u>May 22, 1965</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11/10/98</u> 9. AGE (last birthday) <u>66</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Employee</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY _____</p>	<p>11. BIRTHPLACE (City and state or country) <u>Denver Colorado</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>		<p>13a. FATHER'S NAME <u>Henry William Kerr</u> 13b. MOTHER'S MAIDEN NAME <u>Mary Foote</u> 14. NAME OF HUSBAND OR WIFE <u>Evelyn Kerr</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>	<p>17. INFORMANT Address <u>Mrs Evelyn Kerr, Clinton, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u></p> <p style="text-align: center;">DUE TO (b) <u>Coronary Thrombosis</u></p> <p style="text-align: center;">DUE TO (c) <u>Atherosclerosis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>Few Min.</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p>			<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Clinton Missouri</u></p>
<p>21. I attended the deceased from <u>4-4-65</u> to <u>5-22-65</u> and last saw ^{her} him alive on <u>5-22-65</u> Death occurred at <u>11:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>Gus J. Wetzel M.D.</u></p>		<p>22b. ADDRESS <u>105 E. Ohio Clinton Mo</u></p>	<p>22c. DATE SIGNED <u>5-24-65</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>May 24, 1965</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u></p>
<p>24. FUNERAL DIRECTOR <u>Consalus Clinton, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>5-24-65</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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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 Engene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

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Permit Obtained 5-24-65

(115)