

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 929

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 60 Years		d. STREET ADDRESS (If rural, give location) 1470 East Mill	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1470 East Mill			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Hardin c. (Last) Killbuck			4. DATE OF DEATH (Month) (Day) (Year) February 5 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 31, 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building Contractor		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Washington Killbuck		13b. MOTHER'S MAIDEN NAME Julia Ramsey		14. NAME OF HUSBAND OR WIFE Ollie Killbuck (Caldwell)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ollie Killbuck, Springfield, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 0		

22. I hereby certify that I attended the deceased from **Feb 3, 1949**, to **Feb 5, 1949**, that I last saw the deceased alive on **Feb 3, 1949**, and that death occurred at **2:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE W. D. Adair M.D. (Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED Feb, 5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	
				24d. LOCATION (City, town, or county) (State) Springfield Missouri	

DATE REC'D BY LOCAL REG. 2-10-49		REGISTRAR'S SIGNATURE W. E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alma Lohmeyer Funeral Home, Springfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
2
b

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.

Signed Jewell E. Kindle

Signed _____
Student Embalmer

Licensed Embalmer No. 2831

P. O. Address Springfield

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 this body is not embalmed, fact should be so stated above.