

FILED AUG 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27382

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>4302</u>		Registrar's No. <u>935</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Child</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Child</u>		OR TOWN <u>59</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Lee</u> c. (Last) <u>Kilburn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 3 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Child Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Guthridge</u>		14. NAME OF HUSBAND OR WIFE <u>James M Kilburn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Edna Vinson Child, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Amiotrophic Lateral Sclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma Riner</u> DUE TO (c) <u>Paralysis partial bowel</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe fall 6 months ago</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>9/10/30</u> <u>20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Child Livingston Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10/21/48</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell in Home</u>		<u>59</u>	
22. I hereby certify that I attended the deceased from <u>10/21 1948</u> , to <u>7/27 1949</u> , that I last saw the deceased alive on <u>7/28 1949</u> , and that death occurred at <u>3:45 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lloyd M Perkins D.C.</u>			23b. ADDRESS <u>Chillicothe Mo</u>			23c. DATE SIGNED <u>7/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/30/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>pld in view</u>		24d. LOCATION (City, town, or county) (State) <u>Child Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July-29-49</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Robertson Funeral Home Child</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Perkins - 548



AUG 17 1948

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
Student Embalmer

Signed *John M Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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 this body is not embalmed, fact should be so stated above.