S. No. 300
v. 10-48

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FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44045

BIRTH NO. _____ REG. DIST. NO. 373 DELAYED PRIMARY REG. DIST. NO. 6270 Registrar's No. 47

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

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union township 112
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First) Daniel
b. (Middle) Webster
c. (Last) Kilburn

4. DATE OF DEATH (Month) Sept. (Day) 29 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov-10- ??
9. AGE (In years last birthday): ? | IF UNDER 1 YEAR: Months | Days | IF UNDER 11 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Webster County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jim Kilburn
13b. MOTHER'S MAIDEN NAME: Josephine Todd
14. NAME OF HUSBAND OR WIFE: Laura Lucinda Kilburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Laura L. Kilburn - Niangua, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High Blood Pressure
DUE TO (c) — no

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. no

INTERVAL BETWEEN ONSET AND DEATH: 334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? no —

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. Schricht MDO
23b. ADDRESS: Niangua Mo
23c. DATE SIGNED: Aug 28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial (U)
24b. DATE: Oct. 2-1949
24c. NAME OF CEMETERY OR CREMATORY: Good Springs
24d. LOCATION (City, town, or county) (State): Webster Co. Mo

DATE REC'D BY LOCAL REG.: 8/28/50
REGISTRAR'S SIGNATURE: J. Francis 392
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Rex Rainey Marshfield Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED SEP 4 1950
Dist. File 950-1869
Date Filed Sept 7 1950

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 Rex Rainey

Signed _____
Student Embalmer

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.