

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20953

State File No.

BIRTH, NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u> <u>0661</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>202 N. OAK</u> <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 N. OAK</u>			

3. NAME OF DECEASED a. (First) <u>BERTHA</u> b. (Middle) <u>TEMPEST</u> c. (Last) <u>KILGORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30</u> <u>1950</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 23, 1884</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 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>RUSSELLVILLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>CHARLES W. GODFREY</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA WEMPLE</u>		14. NAME OF HUSBAND OR WIFE <u>HIRAM KILGORE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hiram Kilgore</u> ADDRESS <u>Eldon</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2041</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1950 to June 30, 1950, that I last saw the deceased alive on June 30, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)		23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>July 30</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	
24d. LOCATION (City, town, or county) (State) <u>Eldon, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Sub 2, 1950</u>		REGISTRAR'S SIGNATURE <u>Robertta W. Walters</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Quinn D. Phillips</u>		ADDRESS <u>Eldon</u>			

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

0661
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RECEIVED

JUL 5 1950

MILLER COUNTY HEALTH
DEPARTMENT

FEB 9 1954

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

Louis D. Phillips

Licensed Embalmer No. *3663*

P. O. Address *Weldon*

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.