

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21022**

FILED JUL 8 1950

BIRTH NO. 42505-50 REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Como Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Como Twp</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rfd 1 Lilbourn Missouri</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KILLBRETH</u> b. (Middle) <u>BABY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>June 15, 1950</u>	9. AGE (In years last birthday) <u>1 day</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>RFD Lilbourn Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Winfred Kilbreth</u>	13b. MOTHER'S MAIDEN NAME <u>Ara Blanche Choat</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Winfred Kilbreth Lilbourn R. 1.</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>Premature Birth due to Hemorrhage from Placenta Coniung Loose</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>to Hemorrhage from Placenta Coniung Loose</u>		
	DUE TO (c) <u>Lived about 1 hr - six months Pregnant</u>		
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) <u>7615</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7:00</u>	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 16, 1950, to June 16, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at _____ m, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. Carlstrom MD</u>	23b. ADDRESS <u>Malden, Missouri</u>	23c. DATE SIGNED <u>June 20, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>16 June 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-24-50</u>	REGISTRAR'S SIGNATURE <u>Dr. Frank G. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wallace R. Knight</u>
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6-28-50

RECEIVED JUN 29 1950

District Health Office No. _____

District File Number _____

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the ~~the~~ body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed: Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Milford 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.