

FILED AUG 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23776

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Little Blue TOWN C. LENGTH OF STAY (in this place) RURAL PRARIE		c. CITY (If outside corporate limits, write RURAL and give township) Sibley (East of Levasy) OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Emergency Hosp		d. STREET ADDRESS (If rural, give location) Rural Rt No. 1. 0480	

3. NAME OF DECEASED (Type or Print)	a. (First) Ostin	b. (Middle) A.	c. (Last) Kilgore	4. DATE OF DEATH (Month) (Day) (Year) July 26 1950
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5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH March 4 1881	9. AGE (in years last birthday) Months Days 69 4 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Vibbird Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Kilgore	13b. MOTHER'S MAIDEN NAME Jane Branson	14. NAME OF HUSBAND OR WIFE Mrs. Etta Kilgore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 515-14-1465	17. INFORMANT'S SIGNATURE OR NAME Herbert Kilgore	ADDRESS Sibley, Mo. Rt. 1.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension heart disease		INTERVAL BETWEEN ONSET AND DEATH yes 443x
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) disease 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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-1-50, 19, to 7-26-50, 19, that I last saw the deceased alive on 7-26-50, 19, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank R. Rehnert M.D.	(Degree or title) M.D.	23b. ADDRESS Rt. 4 Independence Mo.	23c. DATE SIGNED 7-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 30, 50	24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery	24d. LOCATION (City, town, or county) (State) Buckner Missouri
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DATE REC'D BY LOCAL REG. JULY 29, 1950	REGISTRAR'S SIGNATURE Donald C. Eason	25. FUNERAL DIRECTOR'S SIGNATURE Verna M. Rehnert	ADDRESS Buckner Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 10 RECD

AUG 17 1958

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 _____

working under my personal supervision.
Student
Student Embalmer

Student Embalmer No. _____
Signed *Leslie M. Reppert*
Licensed Embalmer No. *3411*
P. O. Address *Buckner*

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.