

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9603

State File No.

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5956 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Calumet</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Calumet</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RFD Clarksville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Clarksville, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ivan</u>	b. (Middle) <u>--</u>	c. (Last) <u>Kilby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/29/1896</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR <u>0</u> Months <u>25</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Kilby</u>	13b. MOTHER'S MAIDEN NAME <u>Cota Trower</u>	14. NAME OF HUSBAND OR WIFE <u>Beatrice Kilby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ivan Kilby,</u>	ADDRESS <u>Clarksville Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hanging</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) _____ 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 <u>None</u>	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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Calumet, R.F.D. Pike Mo.</u>
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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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I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on March 24, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Mull, Coroner 3</u>	23b. ADDRESS <u>Basile, Green Mo.</u>	23c. DATE SIGNED <u>3-24-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-27-51</u>	REGISTRAR'S SIGNATURE <u>Rudolph Rickard 256</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>George D. Meyer</u>	ADDRESS <u>Louisiana, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

870

Date Received: APR 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-57-668
Date Filed: APR 6 1951

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, ~~XXXX~~

working under my personal supervision.

Signed.....
Student Embalmer

Signed

George O. Hagner

Student Embalmer No.....

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.