

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11718

FILED APR 4 1952

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 19

31
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter | | c. LENGTH OF STAY (in this place) 1031 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Residence | | d. STREET ADDRESS (If rural, give location) Park Lane | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Elexa b. (Middle) A. c. (Last) Kilmer | | | 4. DATE OF DEATH (Month) (Day) (Year) March 18, 1952 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Sept. 28, 1865 | | 9. AGE (In years last birthday) 87 | | 10. IF UNDER 1 YEAR Months 5 Days 10 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired house-keeper | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Stoddard County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME James Gillis | | 13b. MOTHER'S MAIDEN NAME Elizabeth Howell | | 14. NAME OF HUSBAND OR WIFE Aaron F. Kilmer (Deceased) | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME Roy Kilmer, ADDRESS Dexter, Mo. | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION Multiple Carcinoma | | | | INTERVAL BETWEEN ONSET AND DEATH 1950 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) cc. Face. | | | | | |
| | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|---|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 7-91 X | | | |

22. I hereby certify that I attended the deceased from **3-17-1952** to **3-18-1952**, that I last saw the deceased alive on **3-17-1952**, and that death occurred at **7:30 Am.**, from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE S. S. Davis M.D. (Degree or title) | | 23b. ADDRESS Dexter Mo. | | 23c. DATE SIGNED 3/18/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-19-52 | | 24c. NAME OF CEMETERY OR CREMATORY Caroline Dowdy | |
| | | 24d. LOCATION (City, town, or county) (State) Dexter, Mo. R. # | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 3/29/52 | | REGISTRAR'S SIGNATURE Velma V. Jenkins | | 25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo. | |
|---|--|---|--|--|--|

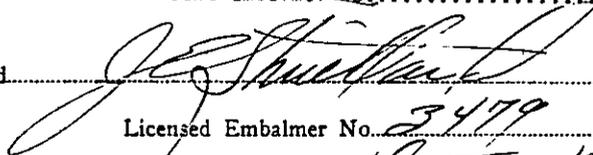
STATEMENT BY LICENSED EMBALMER

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 Embalmer No.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 3479

P. O. Address Walter W. Co.

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.