U.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13426

FILED APR 29 1953

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 172

0120
1

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): xxxxxxx Neelyville
c. LENGTH OF STAY (In this place): 10yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelyville 0120
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Esqunia
b. (Middle): Kilgore
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1953

5. SEX: female 3

6. COLOR OR RACE: colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1

8. DATE OF BIRTH: Aug. 1, 1900

9. AGE (In years last birthday): 52 | 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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Stoddard Co. Miss. 1

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: John Bates

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: Arch Kilgore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Arch Kilgore | **ADDRESS**: Neelyville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerotic Heart Disease — Undetermined
DUE TO (c) Advancing Age

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: 4200

20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 20, 19 53, *to* April 10, 19 53, *that I last saw the deceased alive on* April 10, 19 53 *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Smith, (Degree or title) DO.
23b. ADDRESS: Box 328, Neelyville, Mo.
23c. DATE SIGNED: 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Neelyville
24d. LOCATION (City, town, or county) (State): Butler Co. Mo.

DATE REC'D BY LOCAL REG.: 4/20/53
REGISTRAR'S SIGNATURE: 489-C R H Minetree
25. FUNERAL DIRECTOR'S SIGNATURE | **ADDRESS**: Gish Funeral Home Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 27 1953
BUTLER CO. HEALTH CENTER
FILE No. 453-203

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, Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.