No. 300
10.48

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29536

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 270

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GILLESPIE FUNERAL HOME

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804 0
d. STREET ADDRESS (If rural, give location): 715 West 16th St.

3. NAME OF DECEASED (Type or Print)
a. (First): RUTH
b. (Middle): M.
c. (Last): KILBURY

4. DATE OF DEATH (Month) (Day) (Year): Aug. 29, 1953

5. SEX: Fe 1
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 12, 1896
9. AGE (In years last birthday): 57 — 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): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (City and State or Foreign Country): Bethany, Nebraska 1
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Thos. E. Oliver
13b. MOTHER'S MAIDEN NAME: Mary Evans
14. NAME OF HUSBAND OR WIFE: Charles R. Kilbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Carl Ballinger, Decorah, Iowa.

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) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — unk.
DUE TO (c) Acute Peripheral Vascular failure — 8 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrectomy for Chronic sclerosing Pyelonephritis

19a. DATE OF OPERATION: 28 Aug 53
19b. MAJOR FINDINGS OF OPERATION: Contracted Kidney 6000
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* Jan, 1952, *to* 29 Aug, 1953, *that I last saw the deceased alive on* 29 Aug, 1953, *and that death occurred at* 2:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Siegel M.D.
23b. ADDRESS: 1216 West 18th St Sedalia Mo
23c. DATE SIGNED: 29 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1 Sept 1953
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows
24d. LOCATION (City, town, or county) (State): Neosho, Missouri

DATE REC'D BY LOCAL REG.: 8-30-53
REGISTRAR'S SIGNATURE: A. J. Campbell M.D. 751
25. FUNERAL DIRECTOR'S SIGNATURE: Dew Heckart
ADDRESS: Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1953

SEP 16 1953

MAY 14 1954

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 Russell C. Maag

Licensed Embalmer No. 4807

P. O. Address Sedalia, 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.