

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34744**
 Registrar's No. **154**

FILED OCT 9 - 1953

BIRTH NO. **107931** REG. DIST. NO. **3335** PRIMARY REG. DIST. NO. **3074**

1003

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

1. PLACE OF DEATH a. COUNTY Scott		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) Sikeston		c. CITY OR TOWN Essex	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		e. STREET ADDRESS (If rural, give location) Route #2	
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Denis c. (Last) Kilburn		4. DATE OF DEATH (Month) (Day) (Year) 9-25-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-25-1953
9. AGE (In years last birthday) New Born	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jesse Kilburn		13b. MOTHER'S MAIDEN NAME Notra Elisabeth Toye	14. NAME OF HUSBAND OR WIFE 0
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Jesse Kilburn ADDRESS Essex Mo. R.I.
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) Immaturity 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		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 776X
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?	
22. I hereby certify that I attended the deceased from 9-25, 1953 , to 9-25, 1953 , that I last saw the deceased alive on 9-25, 1953 , and that death occurred at 4:25 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Deputy or title) Alfred J. Carpenter		23b. ADDRESS Sikeston Mo	23c. DATE SIGNED 9-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9-26-53	24c. NAME OF CEMETERY OR CREMATORY Matthews	24d. LOCATION (City, town, or county) (State) Matthews, Mo
DATE REC'D BY LOCAL REG. 9-29-53	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Jones ADDRESS Sikeston Mo	

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

OCT 5 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1053-226

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.....
Signature of Student Embalmer

Signed *John Allenton*.....

Licensed Embalmer No. *299*.....

P. O. Address *Superior*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.