

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34855

State File No.

FILED OCT 5 1953

BIRTH NO. REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6270 Registrar's No. 68

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

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>	c. LENGTH OF STAY (In this place) <u>25 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u> <u>1120</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>5 miles N.E. of Niangua Mo</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Kilburn</u>	(Month) <u>Sept</u>	(Day) <u>13</u>	(Year) <u>1953</u>
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>March 15 1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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	11. BIRTHPLACE (State or foreign country) <u>Webster County Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Kilburn</u>	13b. MOTHER'S MAIDEN NAME <u>Ferba Tuggard</u>	14. NAME OF HUSBAND OR WIFE <u>Rachel Kilburn</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rachel Kilburn Niangua Mo</u>

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</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	19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	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) (Minute)	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 9-26, 1952, to 9-13, 1953 that I last saw the deceased alive on 9-13, 1953 and that death occurred at 4:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Rudolph M.D.</u>	(Degree or title)	23b. ADDRESS <u>Courway</u>	23c. DATE SIGNED <u>9-16-53</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-16-53</u>	24c. NAME OF CEMETERY OR <u>Eureka</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Co Missouri</u>

DATE REC'D BY LOCAL REG. <u>9-30-53</u>	REGISTRAR'S SIGNATURE <u>J. W. Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Barto</u>	ADDRESS <u>Marshfield Mo.</u>
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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 Glen A Williams

Licensed Embalmer No. 4651

P. O. Address marshfield, 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.