

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

267

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas city mo</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>7825 Madison St. 3438</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7825 Madison St</u>		e. ADDRESS <u>7825 Madison St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Clara</u> b. (Middle) <u>Alice</u> c. (Last) <u>Hilburn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-30-1875</u>
9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Browning, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew J. Catter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Pikes</u>	
14. NAME OF HUSBAND OR WIFE <u>William B. Hilburn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wanda Martin</u>		ADDRESS <u>7825 Madison</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>			<u>2 years</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>
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?			
22. I hereby certify that I attended the deceased from <u>1/15, 1954</u> , to <u>1/17, 1954</u> , that I last saw the deceased alive on <u>1/16, 1954</u> , and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward H. Klein</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Regard, Bldg-KC, Mo</u>	
23c. DATE SIGNED <u>1/18/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-19-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Climax Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Climax Springs MO</u>	
DATE REC'D BY LOCAL REG. <u>1-18-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>France Warnall</u>		ADDRESS <u>Funeral Home K.E. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0 1731

**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 N. Fran

Licensed Embalmer No. 4255

P. O. Address K. C. M.

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.