

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16391

State File No. ....

FILED MAY 28 1954

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 113

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gasper</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Gasper</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage Mo</u> | c. LENGTH OF STAY (in this place) <u>16da</u> | c. CITY OR TOWN <u>Sarsceffe</u>  | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLure Hosp</u>                                      |   | e. STREET ADDRESS (If rural, give location) <u>Mo - 0490 / 1</u>  |  |

|  |                               |   |   |
|--|-------------------------------|---|---|
| 3. NAME OF DECEASED<br>a. (First) <u>Flurra</u> b. (Middle) <u>Kilgore</u> c. (Last) <u>Kilgore</u>        |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-54</u>                |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | 8. DATE OF BIRTH (Month) (Day) (Year) <u>9-6-1878</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>                          | 9. AGE (in years last birthday) <u>75</u> IF UNDER 1 YEAR: Months Days IF UNDER 6 Wks: Hours Min. |
| 11. BIRTHPLACE (City and State of Foreign Country) <u>Edison Tenn</u>                                      |                               | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                             |   |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Geo Begley</u>  | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Hansford Kilgore</u>                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u> | 16. SOCIAL SECURITY NO. <u>✓</u>         | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Vernie Whisner Sarsceffe Mo</u> ADDRESS |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>13 days</u><br><u>unknown</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension, arteriosclerosis</u><br>DUE TO (c) <u>✓</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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>331X</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) | 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 2-14-34, 1934, to 5-18-, 1954, that I last saw the deceased alive on 5-17, 1954, and that death occurred at 7:25 A.M., from the causes and on the date stated above.

|   |  |                                 |
|---|--|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>304 Grant, Carthage Mo</u> | 23c. DATE SIGNED <u>5-21-54</u> |
|---|--|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-20-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sarsceffe Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Sarsceffe Mo</u> |
|---|--------------------------|---|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>5-21-54</u> | REGISTRAR'S SIGNATURE <u>Margaret Carter</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson &amp; Sons</u> ADDRESS <u>Sarsceffe Mo</u> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 27  
Jasper County Health Office  
County File Number 54-5-  
Date Filed MAY 27 19

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 *Wm K Jackson*

Licensed Embalmer No. 395

P. O. Address *Sareys*

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.