

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28226

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5764 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whealing-Burl-Medecine</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whealing-Burl-Medecine</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi East Chold. 0590</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi East Chold.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Henry</u> c. (Last) <u>Kilburn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 21 1954</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>Nov. 25 1876</u>
9. AGE (In years) (last birthday) <u>77</u>	10. MONTHS <u>8</u>	11. DAYS <u>26</u>	12. HOURS <u></u> MIN. <u></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 <u>Own Farm.</u>	
11. BIRTHPLACE (State or foreign country) <u>Laredo Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Sam Kilburn</u>		13b. MOTHER'S MAIDEN NAME <u>E. Gads Kilburn</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Kilburn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y.es, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carl Kilburn</u>		ADDRESS <u>Whealing, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Few Minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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>201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Aug 21, 1954</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph Conrad, M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	
23c. DATE SIGNED <u>Aug 21-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/23/1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chold. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 21-54</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>		ADDRESS <u>Funeral Home Chold</u>	

STATEMENT BY LICENSED EMBALMER

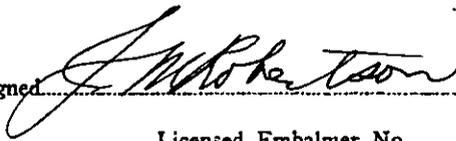
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. _____

4388

P. O. Address _____

Laredo, 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.