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FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28722

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Piney
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Piney
d. STREET ADDRESS (If rural, give location): 2 mi S. of Houston

3. NAME OF DECEASED (Type or Print)
a. (First): IRA
b. (Middle): E.
c. (Last): Bilderback

4. DATE OF DEATH (Month): 8 (Day): 21 (Year): 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 10, 1900
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dexter, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Whitman Bilderback
13b. MOTHER'S MAIDEN NAME: Lucy Shoaf
14. NAME OF HUSBAND OR WIFE: Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ruth Bilderback ADDRESS: Houston Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — 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) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4-0201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/21, 1955, *to* 8/21, 1955, *that I last saw the deceased alive on* 8/21, 1955, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. J. Burns, M.D. (Degree or title)
23b. ADDRESS: Houston, Mo
23c. DATE SIGNED: 8/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/23/55
24c. NAME OF CEMETERY OR CREMATORY: Taylor
24d. LOCATION (City, town, or county) (State): Cole, Missouri

DATE REC'D BY LOCAL REG.: 8-24-55
REGISTRAR'S SIGNATURE: Myrtie Craig
25. FUNERAL DIRECTOR'S SIGNATURE: Elliott Funeral Home ADDRESS: Houston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1955

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 Frank E. Hood

Licensed Embalmer No. 4024

P. O. Address Houlton, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.