V.S. No. 300
Rev. 10.48

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12371

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: CAMDEN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Climax Springs
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (Adair township) 6 Miles E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: CAMDEN
c. CITY OR TOWN: Climax Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 6 Miles East

3. NAME OF DECEASED (Type or Print): a. (First) IRVAN b. (Middle) I c. (Last) HILBURN
4. DATE OF DEATH (Month) (Day) (Year): Apr 4, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug 31, 1896
9. AGE (In years last Birthday): 60 — IF UNDER 1 YEAR: Months 7 Days 3 — 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: FARM owner
11. BIRTHPLACE (City and State or Foreign Country): Browning, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: William B. Hilburn
13b. MOTHER'S MAIDEN NAME: Clara A. Cotter
14. NAME OF HUSBAND OR WIFE: Mary Hilburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S SIGNATURE OR NAME: Mary Hilburn — ADDRESS: Climax Springs

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency Heart — 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: 410X
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* 4-6, 19 57, *to* 4-4, 19 57, *that I last saw the deceased alive on* 4-4, 19 57 *and that death occurred at* 4:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. C. Claiborne (Degree or title) MD
23b. ADDRESS: Camdenton Mo
23c. DATE SIGNED: 4-6-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 7, 1957
24c. NAME OF CEMETERY OR CREMATORY: Climax Springs
24d. LOCATION (City, town, or county) (State): Climax Springs Camden Co, Mo

DATE REC'D BY LOCAL REG.: 4-8-57
REGISTRAR'S SIGNATURE: Cilda R. Eldred
25. FUNERAL DIRECTOR'S SIGNATURE: John F. Reed
ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

484 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.