

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26879

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 545 Registrar's No. 1629

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (in this place) 1 Month	c. CITY OR TOWN Walnut Ridge
d. FULL NAME OF HOSPITAL OR INSTITUTION 2821 Big Bend		STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print) Ellar	a. (First)	b. (Middle)	c. (Last) Kilburn	4. DATE OF DEATH July 2, 1957
--------------------------------------------------	------------	-------------	--------------------------	--------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 20, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---------------------------------------------------------------------	---------------------------------------	-------------------------------------------	------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Pocahontas, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.
--------------------------------------------------------------------------------------------------------------	--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------

13a. FATHER'S NAME John Staten	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Joe Kilburn
---------------------------------------	------------------------------------------	------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Avery Kilburn, 3735 Cambridge	ADDRESS
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	------------------------------------------------------------------------	---------

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) Bronchial Pneumonia		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) Chronic valvular cardiac condition		
	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	20. AUTOPSY? 4214 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) m.	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 June 28, 1957, to July 2, 1957, that I last saw the deceased alive on July 2, 1957, and that death occurred at 2:00 pm., from the causes and on the date stated above.

23a. SIGNATURE Vincent J. Dunsenel, M.D. (Degree or title)	23b. ADDRESS 3101 S. Sutton Ave Maplewood, Mo	23c. DATE SIGNED 7-2-57
-------------------------------------------------------------------	------------------------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-2-57	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Walnut Ridge, Ark.
----------------------------------------------------------	-------------------------	-------------------------------------------------	-------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 7/3/57	REGISTRAR'S SIGNATURE Herbert R. Dunsenel	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	ADDRESS
----------------------------------------	--------------------------------------------------	--------------------------------------------------------------------------------	---------

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

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 Elmo R. Padwick

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.