

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35150**
4934

FILED NOV 14 1957

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clay	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 57 yrs	c. CITY OR TOWN Kansas City	d. Is 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 4302 N. Jackson		STREET ADDRESS (If rural, give location) 107 4302 N. Jackson 50780	
3. NAME OF DECEASED (Type or Print) a. (First) HILA b. (Middle) _____ c. (Last) McKillip		4. DATE OF DEATH (Month) (Day) (Year) OCT 22 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR 5 1870
9. AGE (In years last birthday) 87		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) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Music Teacher	11. BIRTHPLACE (City and State or Foreign Country) Rockford, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Charles Vance	
13b. MOTHER'S MAIDEN NAME Elizabeth Croninger		14. NAME OF HUSBAND OR WIFE Otho McKillip	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Vance McKillip		ADDRESS 4302 N. Jackson	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) Aneurysm		INTERVAL BETWEEN ONSET AND DEATH 5-6 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Atherosclerosis		—
		DUE TO (c) Sinistery		—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4500

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **10-15**, 19**57**, to **death**, 19**57**, that I last saw the deceased alive on **10-21**, 19**57**; and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R. H. Dunham (Degree or title) MD	23b. ADDRESS 2015 S. 27th N.C. Mo	23c. DATE SIGNED 10/23/57
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 10-24-57	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
24d. LOCATION (City, town, or county) (State) KANSAS CITY KS		
DATE REC'D BY LOCAL REG. 10-24-57	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS N.H.C.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
R. H. Dunham



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 *John Walsbeck*

Licensed Embalmer No. *494*

P.O. Address *Mo. Kc. 161*

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.