

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1958

58-006414
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5723 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before address) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHARITON</u>			Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. CITY OR TOWN <u>Cairo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles West College Road instant</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>0880</u>	
3. NAME OF DECEASED (Type or print) First <u>BILLY</u> Middle <u>RAY</u> Last <u>KILGORE</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>14</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug-30-1929</u>		9. AGE (In years last birthday) <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Geo. Patenting Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Moberly Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Andy Kilgore</u>				14. MOTHER'S MAIDEN NAME <u>Gladys Sears</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>48-10-2</u>		17. INFORMANT <u>Mrs. Dorothy Kilgore Cairo Mo</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed skull, chest</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Plane crash</u>	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						866X 39	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 0							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Plane Crash</u>					
20c. TIME OF INJURY <u>7:20</u> Hour <u>7:20</u> Month, Day, Year <u>2/14/58</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural Area</u>		20f. CITY, TOWN, OR LOCATION <u>061</u> <u>Kaseyville</u> COUNTY <u>Macon</u> STATE <u>Mo.</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.</u>							
22a. SIGNATURE (Degree or title) <u>Lester Hutton</u> <u>Coroner</u>				22b. ADDRESS <u>Macon Mo.</u>		22c. DATE SIGNED <u>2/17/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Feb-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cairo Mo.</u>		
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u>				25. DATE RECD. BY LOCAL REG. <u>2/17/58</u>		26. REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

300
1-56

MAR 18 1958

MAR 12 1958

MAR 5 1958

Date Filed 26.58

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 *Larry R. Carter*

Licensed Embalmer No. 4900
P. O. Address *Moberly*

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.