

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
42

58-024701

STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. Primary Registration District No. 5134 Registrar's No. 820

300
1-57
0110

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Joseph 01100 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 932 E. Hyde Park		Length of stay in lb 35	d. STREET ADDRESS (If outside, give location) 932 E. Hyde Park Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle THURMAN Last HILBURN			4. DATE OF DEATH Month July Day 27 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retail Feed Store	11. BIRTHPLACE (City and state or country) Browning, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Leroy Hilburn	13b. MOTHER'S MAIDEN NAME Elizabeth Langdon	14. NAME OF HUSBAND OR WIFE Flora Hilburn
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.	16. SOCIAL SECURITY NO. 491-10-2907	17. INFORMANT Flora Hilburn Address 932 E. Hyde Park Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal hemorrhage Cirrhosis of liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 week 10 months
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5810		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour 11:25 a a.m. 11:25 a p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Joseph, Mo.	COUNTY Buchanan	STATE Mo.
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21. I attended the deceased from November 1957 , to July 26, 1958 and last saw him alive on July 26, 1958 Death occurred at 11:25 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mohammad Taher M.D.	22b. ADDRESS 1306 S. 26th, St. Joseph, Mo	22c. DATE SIGNED 7/30/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 29, 1958	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.	23d. LOCATION (City, town, or county) (State) Buchanan County, Mo.
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24. FUNERAL DIRECTOR Emmanuel	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Aug 1, 1958	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

8981 11 00V 2981 11 00V

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 *Emm A Clark*

Licensed Embalmer No. *4238*

P. O. Address: *St Joseph*

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.