

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-388755

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 1

Primary Registration District No.

Registrar's No. 352

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nineveh TWP</b>		c. CITY OR TOWN <b>Kirksville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at Home</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. #2</b>	
3. NAME OF DECEASED (Type or print) <b>Harry H. Filkins</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>8,</b> Year <b>1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 4, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Adair County, Mo.</b>
13a. FATHER'S NAME <b>Orrison Filkins</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Pinkerton</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Lizzie Lay</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>4200</b>	17. INFORMANT Address <b>Mrs. Mary Lizzie Filkins, Kirksville, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic heart disease</b>			<b>2 years.</b>
DUE TO (c) <b>Generalized arterio-sclerosis</b>			<b>5 years.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE
21. I attended the deceased from <b>April 14, 1948</b> to <b>Nov. 8, 1958</b> and last saw him alive on <b>Nov. 5, 1958</b> . Death occurred at <b>3:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Howard E. Gross, M.D.</b>		22b. ADDRESS <b>Kirksville, Mo.</b>	22c. DATE SIGNED <b>11-10-58.</b>
23a. BURIAL CREMATION, (Specify) <b>BURIAL</b>	23b. DATE <b>11/10/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazel Creek Union Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Adair County, MO</b>
24. FUNERAL DIRECTOR <b>Paul McRiley</b>		25. DATE RECD. BY LOCAL REG. <b>11-11-1958</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Rathoff</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Kenneth E. Hayes* .....

Licensed Embalmer No. *4890* .....

P. O. Address *Kirkville, Mo.* .....

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.