Health, & Welfare Public Service

. 300
1-57

3

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016733
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Overland 400X — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1800 High. 40 W. — Length of stay in Ib Instant	d. STREET ADDRESS (If outside, give location) 9108 Shelley — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: William	Middle	Last: KILGORE	4. DATE OF DEATH Month: May	Day: 23 Year: 1959
5. SEX: MALE	6. COLOR OR RACE: White	7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: March 7, 1912	9. AGE (In years last birthday): 47 — 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): Owner	10b. KIND OF BUSINESS OR INDUSTRY: Building Contractors	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: Paul Nelson Kilgore	13b. MOTHER'S MAIDEN NAME: Bessie Brown	14. NAME OF HUSBAND OR WIFE: Lois J. Kilgore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.	17. INFORMANT: Lois Kilgore — Address: 9108 Shelley		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	EXTENSIVE BURNS	Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	AIRPLANE CRASH	"
DUE TO (c)	866X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 34

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [✓] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased was seriously burned in an aircraft accident

20c. TIME OF INJURY Hour 12:45 ~~a.m.~~ p.m. Month, Day, Year May 23, 1959

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): OPEN FIELD

20f. CITY, TOWN, OR LOCATION: Columbia — COUNTY: BOONE — STATE: MISSOURI

21. I attended the deceased from CORONER'S CASE and last saw her/him alive on ____
Death occurred at 12:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vincent P. Perna, M.D. Coroner	22b. ADDRESS: Univ. of Missouri Med Center	22c. DATE SIGNED: 23 May 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/26/59	23c. NAME OF CEMETERY OR CREMATORY: Overland Cemetery	23d. LOCATION (City, town, or county) (State): Overland, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Lyman Sprinkle Columbia, Mo.		25. DATE RECD. BY LOCAL REG.: May 23 1959	26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed

~~by me, or by~~ ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 4013

P. O. Address Columbia

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.