

1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025186

FILED VS JUL 27 1959

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3343 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| Length of stay in 1b 64 years | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL | | d. STREET ADDRESS (If outside, give location) 1409 EAST 27TH TERRACE | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First THURMAN Middle Allen Last HILBUS | 4. DATE OF DEATH Month July Day 7 Year 1959 |
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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 9-22-93 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Kitchen Worker | 10b. KIND OF BUSINESS OR INDUSTRY Hospital | 11. BIRTHPLACE (City and state or country) Olathe, Kansas | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Charlie Hilbus | 13b. MOTHER'S MAIDEN NAME Rosie Lavendar | 14. NAME OF HUSBAND OR WIFE Lola L. Hilbus |
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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 WWI | 16. SOCIAL SECURITY NO. 496-26-4241 | 17. INFORMANT VA Hospital Official Records, K. C. Mo. |
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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: | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes |
| IMMEDIATE CAUSE (a) (?) Myocardial infarct | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerotic heart disease with mild congestive failure | 5 1/2 hr + |
| | DUE TO (c) Pulmonary emphysema | |

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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) Duodenal ulcer; chronic bronchial asthma | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year |
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| 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 | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

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| 21. I attended the deceased from Dec 54 to 7-7-59 | Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Deed or Title) R. R. BECKER, M.D. | 22b. ADDRESS 4000 Baltimore, Kansas City, Mo. | 22c. DATE SIGNED 7-7-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-10-1959 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| 24. FUNERAL DIRECTOR Floral Hills Memorial Chapels Inc. | ADDRESS Kansas City, Missouri | 25. DATE RECD. BY LOCAL REG. 7-8-59 | 26. REGISTRAR'S SIGNATURE Wesley Minihall |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~by~~ _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Forrest D. Goldsman*

Licensed Embalmer No. *4714*

P. O. Address *K.C. 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.