URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 25 1960

-60-031514

STATE FILE NUMBER

ENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pem. Cty.Mem.Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 703 Henrietta Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Isom Middle: Last: Hilburn

4. DATE OF DEATH Month: July Day: 29 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/6/74
9. AGE (last birthday): 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Renter
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Guntersville, Ala.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Grace Hilburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.:
17. INFORMANT: Isom Hilburn Jr. Address: 3827 West Fulton Chicago, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): C. V. A.
INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Artero-Sclerosis
DUE TO (c):

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1955, to 1960 and last saw her/him alive on 7-29-1960
Death occurred at 8:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C W McKoskle M.D.
22b. ADDRESS: Caruthersville, Mo
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jul.31,1960
23c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
23d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

24. FUNERAL DIRECTOR ADDRESS: H.S.Smith Funeral Home-C'ville,Mo.
25. DATE RECD. BY LOCAL REG.: 8-15-60
26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. Deaver Fike

Signature of Student Embalmer

Licensed Embalmer No. 4484

P. O. Address Carathersvi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.