

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001241
STATE FILE NUMBER

FILED VS FEB 14 1961
Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 516

AMENDED

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

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			Length of stay in 1b 19 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2402 Denver				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2402 Denver		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Kenneth Middle Jewell Last Bilderback						4. DATE OF DEATH Month Jan. Day 30 Year 1961									
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 3/12/06		9. AGE (last birthday) 54		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) Assembly Line				10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Plant				11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Edward Lee Bilderback				13b. MOTHER'S MAIDEN NAME Lula Huffman				14. NAME OF HUSBAND OR WIFE Lucille Bilderback							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 493-18-1981		17. INFORMANT Address Lucille Bilderback 2402 Denver K.C., Mo.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CIRCULATORY FAILURE										INTERVAL BETWEEN ONSET AND DEATH 4 mo.					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) CORONARY THROMBOSIS WITH MYOCARDIAL INFARCTION 1 mo.					
										DUE TO (c) ARTERIOSCLEROSIS. 3 years.					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year				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	
21. I attended the deceased from September 20, 1960 to Jan. 30, 1961 and last saw ^{him} him alive on Jan. 29, 1961 Death occurred at 3:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <i>Sherill H. Frye</i>						22b. ADDRESS 2333 JACKSON, KANSAS CITY, MO.				22c. DATE SIGNED 1-30-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 2/1/61		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery				23d. LOCATION (City, town, or county) (State) Kansas City, Missouri						
24. FUNERAL DIRECTOR ADDRESS Barp & Sons 4707 Truman Rd. K.C., Mo.				25. DATE RECD. BY LOCAL REG. 1-31-61		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>									

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 James W. Earp
Licensed Embalmer No. 4622

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.