

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031593

AMENDED

Registration District No. 340 Primary Registration District No. 6150 Registrar's No. LS

STATE FILE NUMBER

FILED AUG 31 1961

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Lisbon		Length of stay in lb Yrs.	c. CITY OR TOWN Bloomfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In field, on farm		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1, Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CURTIS Middle LEE Last KILBURN			4. DATE OF DEATH Month August Day 9, Year 1961	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-61	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & worked for Famous-Barr Co.	10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co.	11. BIRTHPLACE (City and state or country) Matthews, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Jesse Kilburn	13b. MOTHER'S MAIDEN NAME Motra Toy	14. NAME OF HUSBAND OR WIFE -----
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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) No.	17. INFORMANT Address Jesse Kilburn, Bloomfield, Mo. R# 1
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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
IMMEDIATE CAUSE (a) Crushed chest and severe internal injuries		sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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. <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 checked="" 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.) Fell off farm tractor and wheel of tractor run over chest.
20c. TIME OF INJURY approx. 5 pm	Month, Day, Year 8-9-61	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) In field on farm	20f. CITY, TOWN, OR LOCATION Bloomfield, Mo. R. 1	COUNTY Stoddard Co.	STATE
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21. I attended the deceased from ----- to ----- and last saw her/him alive on -----
Death occurred at **approx. 5 p. m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mark Walters Coroner	22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 8-12-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-11-1961	23c. NAME OF CEMETERY OR CREMATORY Leora, Missouri	23d. LOCATION (City, town, or county) (State) Leora, Missouri
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24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO.	25. DATE RECD. BY LOCAL REG. 8/23/61	26. REGISTRAR'S SIGNATURE Velma V. Jenkins
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

embalmer's name and address

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,

by Lulu Cooper #3499

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signed Juan E. Cooper

Signature of Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, N.J.

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.