

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034560

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 73

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 2 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Howard		a. STATE Missouri COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Missouri		Length of stay in 1b 12 hrs	c. CITY OR TOWN Armstrong
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Prairie Twp.
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. SEX
First ESTILL Middle GEORGE Last KILGORE		Month SEPT. Day 18 Year 1962	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 7/28/1895	9. AGE (last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Framing		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Howard County, Mo.
13a. FATHER'S NAME Robert Wesley Kilgore		13b. MOTHER'S MAIDEN NAME Margaret Ann Medlin	14. NAME OF HUSBAND OR WIFE Opal Esther Kirby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No.		16. SOCIAL SECURITY NO. 3	
18. CAUSE OF DEATH (Enter only one cause per line)		17. INFORMANT Mrs Estill G. Kilgore, Armstrong	
PART I. DEATH WAS CAUSED BY:		18. INTERVAL BETWEEN ONSET AND DEATH 12 hours	
IMMEDIATE CAUSE (a) Coronary thrombosis			
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	
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.)	
20c. TIME OF INJURY	Hour 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 May 19 1962 to Sept 18 1962 and last saw him alive on Sept 17 1962			
Death occurred at 3:00 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Francis A. Carr</i> (Degree or title)		22b. ADDRESS Fayette, Mo.	22c. DATE SIGNED 9-20-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/20/1962	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	23d. LOCATION (City, town, or county) Fayette, Missouri
24. FUNERAL DIRECTOR Francis A. Carr ADDRESS Fayette, Mo.		25. DATE RECD. BY LOCAL REG. 9-20-62	26. REGISTRAR'S SIGNATURE <i>Katherine Welch</i>

USE BLACK INK OR TYPEWRITER RIBBON

