

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 956

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (in this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			d. STREET ADDRESS (If rural, give location) 309 E. Jefferson		

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Laura c. (Last) Kilburn			4. DATE OF DEATH (Month) (Day) (Year) January 3, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 27, 1867		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Prices Branch, Missouri	12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME William Draper		13b. MOTHER'S MAIDEN NAME Carolyn Stewart		14. NAME OF HUSBAND OR WIFE William R. Kilburn	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elba Kilburn, Windsor, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 49 2 2
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-26, 1949, to 1-3-50, 1950, that I last saw the deceased alive on 1-3, 1950, and that death occurred at 11:30 pm from the causes and on the date stated above.

23a. SIGNATURE Ray B. Jordan, M.D. (Degree or title)		23b. ADDRESS Windsor, Mo		23c. DATE SIGNED 1-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-4-50		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
				24d. LOCATION (City, town, or county) (State) Windsor, Missouri	

DATE REC'D BY LOCAL REG. Jan-5-50		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston-Turner Windsor, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7;

District File Number 12-49-1585

Date Filed 1-16-50

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Udessa, 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 this body is not embalmed, fact should be so stated above.