Kilbane

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-040737

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 246 Primary Registration District No. 2041 Registrar's No. 566

FILED OCT 26 1965

VS 300
Rev. 4/59

1 0739
2 0499
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4 1
5 1
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7 10
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12 5-2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: Newton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin

Length of stay in 1b: Life

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Oak Hill Hospital

Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Jasper

c. CITY OR TOWN: Joplin

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 1527 Penn.

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FLORA Middle RHEA Last TAYLOR

4. DATE OF DEATH: Month Oct. Day 18, Year 1965

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-17-1889

9. AGE (last birthday): 75

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Nethery

13b. MOTHER'S MAIDEN NAME: Anna Houston

14. NAME OF HUSBAND OR WIFE: Mack Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mack Taylor, 1527 Penn., Joplin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): cerebral [illegible] hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 19 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): cerebral arteriosclerosis — unknown

DUE TO (c): none

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 1960, to now and last saw her/him alive on 10-18-65

Death occurred at 11:15 A M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J E Kilbane MD

22b. ADDRESS: 418 Byers Joplin, Mo.

22c. DATE SIGNED: 10-22-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 20, 1965

23c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery

23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS: THornhill-Dillon Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.: 10-23-65

26. REGISTRAR'S SIGNATURE: Betty J. Burress

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Gillow Jr

Licensed Embalmer No. 5349

P. O. Address Joplin, 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.