

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004822
State File No.

FILED MAR 11 1958

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Springs</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>423 East Excelsior St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>Jane</u>	
c. (Last) <u>Piburn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 20, 1879</u>
9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR (Months) <u>7</u>	11. UNDER 24 HRS. (Days) <u>12</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXX</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Joseph Hutchings</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Gross</u>	
14. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Piburn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY # <u>421-01-8286D</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cordie J. Holman, Ex. Spgs. MO.</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> <u>sev. years</u> DUE TO (c) <u>arteriosclerosis</u> <u>years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	
20. AUTOPSY? <u>2</u> 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 <u>2/23/58</u> , 19 <u>58</u> , to <u>2/24/58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>2/24/58</u> , 19 <u>58</u> , and that death occurred at <u>5:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>M. D. Excelsior Springs, Mo.</u>	
23c. DATE SIGNED <u>3/3/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 27/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clay County, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Fun'l Home</u>	
DATE REC'D BY LOCAL REG. <u>3/3/58</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u>		ADDRESS <u>Ex. Spgs. MO.</u>	



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 *Chas. Virgil Hope*.....

Licensed Embalmer No... *395*

P. O. Address *Excelsior*

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.