

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville Mo.
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Ms Pearl May Hillen

8. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex female 5. Color or race White 8. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife P. J. Hillen Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 23 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Simms

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Lucy Morgan (City, town, or county) (State or foreign country)

15. Birthplace Saline Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant P. J. Hillen (b) Address Arrow Rock Mo

17. (a) Burial (b) Date thereof Oct. 22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo.

18. (a) Signature of funeral director L. J. Manley

(b) Address Boonville Mo

19. (a) 10-21-40 (b) Boonville Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town Arrow Rock Mo.
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1940 hour 6:30 minute a. M.

21. I hereby certify that I attended the deceased from Oct 10 1940 to Oct 20 1940,
that I last saw her alive on Oct. 19, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death coronary embolism Duration 10 minutes
Due to gangrenous appendicitis 3 weeks
Due to _____

Other conditions Chronic cholecystitis & cholelithiasis ?
(Include pregnancy within 3 months of death)

Major findings: Appendiceal abscess
Of operations well washed off in irrigation
Of autopsy Not performed

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 197
(Specify type of place)
(e) Means of injury _____

23. Signature He [illegible] (M. D. or other) MD
Address Boonville, Mo Date signed 10/20/40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-6-40

STATEMENT BY LICENSED EMBALMER-

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed Paul T. Hackney

Licensed Embalmer No. 35980

P. O. Address Maryland, 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, above space should be left blank.