

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 257

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before OF institution) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saxton Rest Home Francis		d. STREET ADDRESS (If rural, give location) 2421 Francis St.	

3. NAME OF DECEASED (Type or Print) Fannie	a. (First)	Kate	b. (Middle)	Hillix	c. (Last)	4. DATE OF DEATH Jan. 5, 1949	(Month)	(Day)	(Year)
---	------------	------	-------------	--------	-----------	----------------------------------	---------	-------	--------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 18, 1860	9. AGE (In years last birthday) 88	10. MONTHS 3	11. DAYS 17	12. IF UNDER 24 HRS. Hour Min.
------------------	---------------------------	---	------------------------------------	---------------------------------------	-----------------	----------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) DeKalb, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	-------------------------------------

13a. FATHER'S NAME James Dye	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William Hillix
---------------------------------	--------------------------------------	---

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 Guthrie G. Hillix	ADDRESS St. Joseph, Mo.
--	---------------------------------	--	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis General DUE TO (c) Cholelithiasis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart			

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) (m.)	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 Apr. 28, 1947, to Aug. 31, 1948, that I last saw the deceased alive on Aug. 31, 1948, and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE C. E. Bunker MD	(Degree or title)	23b. ADDRESS 211 Kirkpatrick Bldg. St. Joseph, Mo.	23c. DATE SIGNED 1-5-49
-----------------------------------	-------------------	--	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/7/49	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery Weston, Missouri	24d. LOCATION (City, town, or county) (State)
---	---------------------	--	---

DATE REC'D BY LOCAL REG. 1-10-49	REGISTRAR'S SIGNATURE G. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman	ADDRESS St. Joseph, Mo.
-------------------------------------	--	---	----------------------------

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

**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 \_\_\_\_\_

*Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 S 10th St. Joseph, 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.