

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12458
1306

483800

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u> OR TOWN <u>3/2/49</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>W. Lexington St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) _____ c. (Last) <u>Hillery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 21 49</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 5, 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>	9. AGE (In years last birthday) <u>65</u> If UNDER 1 YEAR: Days <u>16</u> Hours <u>1</u> Min. <u>1</u>
11. BIRTHPLACE (State or foreign country) <u>Burlingame, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Hillery</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Ridley</u>	
14. NAME OF HUSBAND OR WIFE <u>Willie B. Watkins Hillery</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>David Gibson</u> ADDRESS <u>San Diego, Calif.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma to Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no 151X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES ☐ NO ☒		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 ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>2-12</u> , 19 <u>49</u> , to <u>3-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>49</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Jack C. Vincent</u> (Degree or title) _____		23b. ADDRESS <u>Professional Body</u>	
23c. DATE SIGNED <u>3-21-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>	
24b. DATE <u>Mar. 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thermon Funeral Home</u> ADDRESS <u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-22-49</u>		REGISTRAR'S SIGNATURE <u>Teraldine Holmes</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

NOV 25 1964

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 Wm. L. Thurman

Licensed Embalmer No. 7563

P. O. Address Richmond, 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.