

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18599**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>	
c. LENGTH OF STAY (In this place) <b>47</b> Years			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Noyes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>108 Westwood Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LILLIAN</b> b. (Middle) <b>HIRTH</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 8, 1873</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 28 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Manhattan, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>W.V. Vincent</b>	13b. MOTHER'S MAIDEN NAME <b>Henrietta Lillis</b>	14. NAME OF HUSBAND OR WIFE <b>William Hirth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lon V. Silver, Morganville, Kansas.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>at home</b> <b>69030</b> <b>20</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured hip, right</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>6-23-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fractured hip - right - intertrochanteric</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Columbia Boone Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6 - 22-49</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall in home</b>
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22. I hereby certify that I attended the deceased from **6-23, 1949**, to **June 30, 1949**, that I last saw the deceased alive on **June 29, 1949**, and that death occurred at **4 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE <i>William J. Stewart</i>	(Degree or title)	23b. ADDRESS <b>Columbia, Mo.</b>	23c. DATE SIGNED <b>6-30-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 2, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clay Center, Kansas.</b>
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DATE REC'D BY LOCAL REG. <b>July 1, 1949</b>	REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parmer Funeral Service, Columbia, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 6 1949  
District Health Officer No. 9,  
District File Number

DEC 2 1949

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 Chas. L. Young

Licensed Embalmer No. 4132

P. O. Address Columbia

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.