

FILED AUG 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26417

State File No.

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>CLARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>CLARK</u>	
b. CITY OR TOWN <u>KAHOKA</u> (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place) <u>47 YRS</u>	c. CITY OR TOWN <u>KAHOKA</u> (If outside corporate limits, write RURAL and give township)	<u>23</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLAN</u> b. (Middle) <u>T.</u> c. (Last) <u>HILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 19 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 2, 1902</u>
9. AGE (In years last birthday) <u>47</u> 0 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KAHOKA MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>CHARLES HILLER</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY THOMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA HILLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>1926-1929</u>		16. SOCIAL SECURITY NO. <u>489-03-2634</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bertha B. Hiller, Kahoka, Mo</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		1/201	
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) (Min)	
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>Aug 16, 1949</u> , to <u>Aug 19, 1949</u> , that I last saw the deceased alive on <u>Aug 19, 1949</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Ryge M.D.</u> (Degree or title)		23b. ADDRESS <u>Kahoka, Mo Cedar</u>	
23c. DATE SIGNED <u>Aug 25, 1949</u>		24a. BURIAL, CREMATION, TYPICAL REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KAHOKA</u>	
24d. LOCATION (City, town, or county) (State) <u>KAHOKA Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Wagner Sons, Memphis</u>	
25. ADDRESS		DATE REC'D BY LOCAL REG. <u>8/24/49</u>	

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

RECEIVED AUG 29 1949
District Health Officer No. 1
District File Number 8-49-14
Date Filed AUG 29 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.

Signed P. D. Payne

Signed.....
Student Embalmer

Licensed Embalmer No. 2196

P. O. Address Memphis 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.