

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12000**  
Registrar's No. **442**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Beckham</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 2.</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
3. NAME OF DECEASED (Type or Print) <b>WILLIAM D. HILTON,</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-7-1950.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12-18-1885</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common Labor.</b>	11. BIRTHPLACE (State or foreign country) <b>Emporia, Kansas.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Robert H. Hilton</b>	
13b. MOTHER'S MAIDEN NAME <b>Elba Basore</b>		14. NAME OF HUSBAND OR WIFE <b></b>	
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 <b>Jackson County Court - Kansas City, Mo.</b>		ADDRESS <b></b>	
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) <b>Eucalium (unqualified)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombo-phlebitis of Right Femoral vein 8 months</b> DUE TO (c) <b></b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis -</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4648</b> <b>40 years</b>	
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)	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 <b>1-1-1949</b> , to <b>4-4-1950</b> , that I last saw the deceased alive on <b>4-4-1950</b> , and that death occurred at <b>8:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. H. Morrow, M.D.</b>		23b. ADDRESS <b>St. Joseph, Mo. State Hospital No. 2.</b>	23c. DATE SIGNED <b>4-7-1950.</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-12-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kirkville D.O. School</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Apr 12, 1950</b>	REGISTRAR'S SIGNATURE <b>E. C. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John E. Rupp</b>	ADDRESS <b>St. Joseph, Mo.</b>

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

800 23 8000

**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.....  
Student Embalmer

Signed

*John E. Rupp*  
Licensed Embalmer No. 3986  
P. O. Address 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.