

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27587

State File No.

No. 300
10-48

FILED SEP 2 1950

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 50

| | | | | | |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | | |
| a. COUNTY <u>Mississippi</u> | | | a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (Rural)</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (Rural)</u> <u>0670</u> | | |
| c. LENGTH OF STAY (In this place) <u>25 yrs.</u> | | | d. STREET ADDRESS (If rural, give location) <u>U</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Texas Bend community</u> | | | d. STREET ADDRESS <u>Texas Bend community</u> | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>Minnie</u> | | | August 11, 1950 | | |
| b. (Middle) | | | c. (Last) <u>Hilliard</u> | | |
| 5. SEX <u>Female</u> <u>3</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>1883</u> | | 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR <u>2</u> IF UNDER 4 HRS. <u>6</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work during most of life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Greenville, Miss.</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | | | | |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Robert Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Ruff</u> | | 14. NAME OF HUSBAND OR WIFE <u>Harry Hilliard</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Harry Hilliard, R. 2, Box 155, Charleston, Mo.</u> | |
| | | | | ADDRESS | |

| | | | | | | | | |
|---|--|--|--|--|--|---|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> | | | DUPLICATE OF (a) <u>Acute Bronchitis</u> | | | <u>7 days</u> | | |
| ANTECEDENT CAUSES | | | DUPLICATE OF (b) <u>Acute Bronchitis</u> | | | <u>2 wks. (Hist)</u> | | |
| DUPLICATE OF (c) | | | DUPLICATE OF (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | DUPLICATE OF (c) | | | <u>490X</u> | | |
| DUPLICATE OF (c) | | | DUPLICATE OF (c) | | | | | |

| | | | | | | | | |
|---|--|--|---|--|--|--|--|--|
| 19. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21. ACCIDENT OR 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) | | |
| 21a. 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 8-4-1950, to 8-9-1950, that I last saw the deceased alive on 8-9-1950, and that death occurred at 6:27 p. m., from the causes and on the date stated above.

| | | | | | | | | |
|---|--|--|---|--|--|--|--|--|
| 23a. SIGNATURE <u>W. A. Fernald M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>204 S. Locust St Charleston, Mo.</u> | | | 23c. DATE SIGNED <u>8-12-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | | 24b. DATE <u>Aug. 15, 1950</u> | | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hollandale, Mississippi</u> | | |
| | | | 24d. LOCATION (City, town, or county) (State) <u>Hollandale, Miss.</u> | | | | | |

| | | | | | | | | | |
|--|--|---|--|------------|--|---|--|---------------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>8-17-50</u> | | REGISTRAR'S SIGNATURE <u>Mrs. L. Kilgore</u> | | 439 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u> | | ADDRESS <u>Charleston, Mo.</u> | |
|--|--|---|--|------------|--|---|--|---------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Created by
8/17/50

AUG 25 REC'D

RECEIVED
RECEIVED
Miss. Co. Health Dept
Miss. Co. Health Dept
County File No. _____
Date Filed SEP 2 1950

SEP 5 1950

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

Frank J. Sparks

Licensed Embalmer No. *3458*

P. O. Address

Cape Girardeau

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri } THE STATE BOARD OF HEALTH OF MISSOURI
County of Cape Girardeau } BUREAU OF VITAL STATISTICS
State File No. 27587
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of August, 1950, before me appears Harry Hilliard, who, upon his oath, states that the original record of ^{x death} death for Minnie Hilliard, ^{died} ~~born~~ August 11, 1950, in the State of Missouri, and which was filed at Charleston, Missouri on Aug. 14, 1950, should be corrected as follows:

Item No. 8 should read June 5, 1883
Instead of June 5, 1880

Item No. 9 should read 67 years
Instead of 70 years

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Harry Hilliard Husband
Relationship. _____
Route 2, Box 155, Charleston, Missouri
Present Address. _____

Subscribed and sworn to before me this 29th day of August, 1950

My Commission expires My Commission Expires June 19, 1953 J.H. Metzler Notary Public.