

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30462

FILED SEP 16 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3666

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 67 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3304 Bellefontaine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. STREET ADDRESS (If rural, give location) 3304 Bellefontaine

3. NAME OF DECEASED

a. (First) Regina b. (Middle) Mary c. (Last) HILLBRAND

4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 8, 1880

9. AGE (In years last birthday) 69

IF UNDER 1 YEAR: Months _____ Days _____

IF UNDER 6 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Newberg, New York

12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Timothy Ahearn

13b. MOTHER'S MAIDEN NAME Mary Quinn

14. NAME OF HUSBAND OR WIFE John G. Hillbrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John G. Hillbrand 3304 Bellefontaine KCMo.

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) Decompensated Heart

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

45

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh B. Owens (Degree or title)

23b. ADDRESS 1034 Riata Bldg

23c. DATE SIGNED 8-28-50

24a. BURIAL CREMATATION (REMOVAL) (Specify) Burial

24b. DATE 8-30-50

24c. NAME OF CEMETERY OR CREMATORY St. Johns

24d. LOCATION (City, town, or county) (State) Kansas City, Kan.

DATE REC'D BY LOCAL REG. 8-28-50 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar Kansas City, Mo.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. H. Bujin
2499

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.