

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33833

FILED OCT 28 1950

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 394

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE (RURAL : BLUE)		c. LENGTH OF STAY (In this place) 62 YRS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3940 S. CRYSLER		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE (RURAL : BLUE) 0480	
d. STREET ADDRESS 3940 S. CRYSLER		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) EMILY c. (Last) HILLIARD			4. DATE OF DEATH (Month) (Day) (Year) OCT 11 1950
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 20 1861
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) PITTSFIELD ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME THOMAS WILLIAMSON		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH PLANT	
14. NAME OF HUSBAND OR WIFE GEO. H. HILLIARD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. W. H. WILLIAMSON		ADDRESS INDEPENDENCE MO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 72 hr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Artery Disease 7 years	
		DUE TO (c) Chronic Bronchitis years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis 4701			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 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 April 23, 1941, to Oct 11, 1950, that I last saw the deceased alive on Oct 10, 1950, and that death occurred at 8:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Esthel Watson M.D.		23b. ADDRESS 129 W. Lexington Independence Mo	
23c. DATE SIGNED Oct 13, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 14 1950	
24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE		24d. LOCATION (City, town, or county) (State) INDEPENDENCE MISSOURI	
DATE REC'D BY LOCAL REG. Oct. 16 - 1950		REGISTRAR'S SIGNATURE [Signature] 354	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS INDEPENDENCE MO	

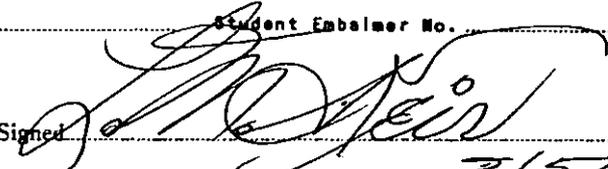
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed 

Student Embalmer No.
Licensed Embalmer No. 3156

P. O. Address Indep 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.