

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36768

390
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of City</u>		d. STREET ADDRESS (If rural, give location) <u>South of town</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> b. (Middle) <u>ANN</u> c. (Last) <u>Hilliard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 14, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 24, 1853</u>
9. AGE (In years last birthday) <u>97</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Bentonville, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>E. Maxwell</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy League</u>		14. NAME OF HUSBAND OR WIFE <u>James Hilliard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HARRY Hilliard</u>		ADDRESS <u>Republic</u>	
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>Congestive heart failure</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> 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. <u>Basal Cell Carcinoma face, very extensive</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Republic, Greene, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from <u>Dec. 1949</u> , to <u>Nov. 14, 1950</u> , that I last saw the deceased alive on <u>Nov. 14, 1950</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John D. Koch, M.D.</u> (Degree or title)		23b. ADDRESS <u>Republic, Mo.</u>	
23c. DATE SIGNED <u>11-15-50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max Bassett</u> ADDRESS <u>Fun Home Republic</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 18-1950</u>		REGISTRAR'S SIGNATURE <u>Florence Brittain</u>	

RECEIVED

Greene County Health Office,

County File Number 50-11-58

Date Filed 11-21-50

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.....
Student Embalmer

Signed Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Republic, 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.