

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38162

BIRTH NO.		REG. DIST. NO. <u>910</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>208</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> c. LENGTH OF STAY (in this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u> d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Hilton</u> c. (Last) <u>Hilton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 5, 1892</u>		9. AGE (In years) (If under 1 year last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Disabled War Vet</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Disabled</u>		11. BIRTHPLACE (State or foreign country) <u>Winfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Hilton</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Ann Hilton</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Hilton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Mexican Insurrec</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Hilton</u> ADDRESS <u>Winfield, Mo.</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>381X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>72 hr</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"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. 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>None</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>Nov. 19, 1950</u> , to <u>Nov. 22, 1950</u> , that I last saw the deceased alive on <u>Nov. 22, 1950</u> and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dean L. Paudall, M.D.</u>				23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>		23c. DATE SIGNED <u>Nov. 22/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-24-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-26-50</u>		REGISTRAR'S SIGNATURE <u>Franie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Brothers</u>		ADDRESS <u>2504 Woodson Rd. Overland, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1923
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File No.
DISTRICT HEALTH OFFICE No. 4

DEC - 2 1950

RECEIVED

JAN 31 1951

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 3454

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Oakland 145

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.