

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3486

State File No. \_\_\_\_\_ Registrar's No. 25

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newmadrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u>		c. LENGTH OF STAY (In this place) <u>7.H.R.S</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse, Mo</u>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Delta Comm Hospt Sikeston, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna</u> b. (Middle) <u>Sue</u> c. (Last) <u>Hileman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>10/10/49</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>8</u> Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Morehouse, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert Lee Hileman</u>	13b. MOTHER'S MAIDEN NAME <u>Lela Mae Cavins</u>	14. NAME OF HUSBAND OR WIFE <u>Lela Mae Hileman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lela Mae Hileman, Morehouse</u>	ADDRESS <u>Morehouse</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious diarrhea</u>		<u>2 weeks?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined Cause.</u> DUE TO (c) _____		<u>5710</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Dehydration</u>		<u>2 weeks?</u>	
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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1-17, 1951, to 1-17, 1951, that I last saw the deceased alive on 1-17, 1951, and that death occurred at 1 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herman C. McClure</u>	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>1-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 24 '51</u>	REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	429	25. GENERAL DIRECTOR'S SIGNATURE <u>Vern Jones</u>	ADDRESS <u>Sikeston, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JAN 29 1951  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 151-36

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**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 John A. Miller.....

Licensed Embalmer No. 294.....

P. O. Address Keaton 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.**