S. No. 300
10.48

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19811

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 94

36 2

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

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
c. LENGTH OF STAY (in this place) 3½ Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sullivan 0361
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret
b. (Middle) B Erni
c. (Last) Hiller

4. DATE OF DEATH (Month) June (Day) 26 (Year) 51

5. SEX female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Aug 20, 1904

9. AGE (In years last birthday) 46 — If under 1 year: Months 10 Days 6 — If under 24 hrs.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Putman, Okla.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Edward Erni

13b. MOTHER'S MAIDEN NAME Hattie J. Green

14. NAME OF HUSBAND OR WIFE Herbert H. Hiller

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

16. SOCIAL SECURITY 493-01-1286

17. INFORMANT'S SIGNATURE OR NAME Edward J. Erni — ADDRESS Sullivan

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 1½ Mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pyo-nephrosis — 2 mo.
DUE TO (c) Renal Calculi (Staghorn) — 1 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Renal Surgery 5/1/51

19a. DATE OF OPERATION 5/1/51

19b. MAJOR FINDINGS OF OPERATION Exploratory - Renal Stone -

20. AUTOPSY? YES ☐ NO ☒

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) 602X

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* 2/27, 1951 *to* 6/26, 1951, *that I last saw the deceased alive on* 6/25, 1951, *and that death occurred at* 10:50 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. de la Torre M.D.

23b. ADDRESS Sullivan, Mo.

23c. DATE SIGNED 6/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 29, 51

24c. NAME OF CEMETERY OR CREMATORY New I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) Sullivan, Mo. (State)

DATE REC'D BY LOCAL REG. June 29, 1951

REGISTRAR'S SIGNATURE [signature] 94

25. FUNERAL DIRECTOR'S SIGNATURE Thos P. Shaffer — ADDRESS Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL - 2 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 I. A. Humphrey.

Signed .....
Student Embalmer

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.