

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23073**

|  |                           |   |  |  |   |  |                                |
|--|---------------------------|---|--|--|---|--|--------------------------------|
| BIRTH NO. _____  |                           | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. <u>2840</u>  |                                |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b> |   |  |                                |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>   |                           | c. LENGTH OF STAY (in this place)<br><b>4 days</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City North 0248 94</b>                         |   |  |                                |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Trinity Lutheran Hospital</b>  |                           |   |  | d. STREET ADDRESS (If rural, give location)<br><b>100 E. Briarcliff Rd., Dundee Hills</b>  |   |  |                                |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WARD</b>  |                           | b. (Middle) <b>B.</b>   |  | c. (Last) <b>HILE</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 2, 1951</b>                           |                                |
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  |  | 8. DATE OF BIRTH<br><b>April 3, 1874</b>   | 9. AGE (In years last birthday) <b>77</b> |  | IF UNDER 1 YEAR<br>Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired EMP. CITY ICE CO.</b>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |                           | 13b. MOTHER'S MAIDEN NAME<br><b>Kate Shouse</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Lillie B. Hile, dec.</b>   |   |  |                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                           | 16. SOCIAL SECURITY NO.<br><b>486-07-4071</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Arthur H. Barry, Dundee Hills, K.C. North, Mo.</b>                                       |   |  |                                |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cerebral Arteriosclerosis</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b> |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 wk</b><br><br><b>2 3/4</b><br><br><b>332X</b> |                                |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION  |  |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) (Min.)   |                           | 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 <b>March 1950</b> , to <b>2 July, 1951</b> , that I last saw the deceased alive on <b>2 July, 1951</b> , and that death occurred at <b>3:30</b> m., from the causes and on the date stated above. |                           |   |  |  |   |  |                                |
| 23a. SIGNATURE <b>Edw. H. Fisher</b> (Degree or title)<br><b>Edw. H. Fisher M.D.</b>   |                           |   |  | 23b. ADDRESS<br><b>2025 Swift No K.C. Mo</b>   |   | 23c. DATE SIGNED<br><b>2 July 51</b>   |                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                           | 24b. DATE<br><b>7/5/51</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>          |                                |
| DATE REC'D BY LOCAL REG.<br><b>7-5-51</b>  |                           | REGISTRAR'S SIGNATURE<br><b>Sheralding Holmes</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>STINE &amp; McCLURE, Kansas City, Mo.</b>   |   |  |                                |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Eugene J. Hennison*

Licensed Embalmer No. \_\_\_\_\_

4633

P. O. Address \_\_\_\_\_

*Louisville, Ky*

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.