

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>69</u>							
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>			c. LENGTH OF STAY (In this place) <u>6 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>			<u>1541</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Wilmot</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 1951</u>							
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>12-22-1863</u>		9. AGE (In years: last birthday) <u>87</u>	<table border="1" style="font-size: small;"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 4 HRS.</td> </tr> <tr> <td>Months Days</td> <td>Hours Min.</td> </tr> <tr> <td><u>9</u> <u>13</u></td> <td></td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 4 HRS.	Months Days	Hours Min.	<u>9</u> <u>13</u>	
IF UNDER 1 YEAR	IF UNDER 4 HRS.												
Months Days	Hours Min.												
<u>9</u> <u>13</u>													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lexington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>Gill Eve Belles</u>		13b. MOTHER'S MAIDEN NAME <u>Marinda A. Houx</u>		14. NAME OF HUSBAND OR WIFE <u>W. G. Wilmot</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. H. Walker Higginsville, 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					INTERVAL BETWEEN ONSET AND DEATH						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u>					<u>Unknown</u>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>1) Recent fractured hip - operated 2) Severe Arteriosclerosis, generalized</u>					<u>1 month Unknown</u>						
19a. DATE OF OPERATION <u>9-1-51</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Inter trochanteric fracture left hip</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. floor or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
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?									
22. I hereby certify that I attended the deceased from <u>8-28</u> , 19 <u>51</u> , to <u>10-5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-5</u> , 19 <u>51</u> , and that death occurred at <u>7:30 A</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>H. B. Burroughs M.D.</u>				23b. ADDRESS <u>Higginsville Mo</u>		23c. DATE SIGNED <u>10-7-51</u>							
24a. FUNERAL CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-6-51</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Macpelah</u>		24d. LOCATION (City; town, or county) (State) <u>Lexington Missouri</u>								
DATE REC'D BY LOCAL REG. <u>Oct 12-1951</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Walker Higginsville, Mo.</u>									

RECEIVED OCT 16 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Forrest A. Hofer

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.