

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8226

FILED MAR 28 1952

State File No. 4233

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia	c. LENGTH OF STAY (In this place) 11yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia	D 470
d. FULL NAME OF HOSPITAL OR INSTITUTION Arcadia Valley Hospital		d. STREET ADDRESS (If rural, give location) Ursuline Academy	

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) Mother Monica (Margaret Hiller)			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH September 17, 1877	9. AGE (In years last birthday) MONTHS DAYS 74 15 27	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Hiller	13b. MOTHER'S MAIDEN NAME Anna Reisdorf	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME (Mother) Anita Mueller	ADDRESS 24 Arcadia Ave
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus		DUE TO (b) Fractured left femur		few hours
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) senility		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ursuline Academy	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Arcadia Iron Missouri
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21d. TIME OF INJURY Mar. 4, 1952; 5pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? She fell
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22. I hereby certify that I attended the deceased from 3-4-52, 1952, to 3-14-52, 1952, that I last saw the deceased alive on 3-11-52, 1952, and that death occurred at 9:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. E. Harland M.D.	23b. ADDRESS Chronton, Mo	23c. DATE SIGNED 3/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-17-52	24c. NAME OF CEMETERY OR CREMATORY Convent Cemetery	24d. LOCATION (City, town, or county) (State) Arcadia Mo.
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DATE REC'D BY LOCAL REG. Mar. 24 1952	REGISTRAR'S SIGNATURE Mrs. Anita Jones	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Archie White

Signed.....
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Clinton, 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.