

# STANDARD CERTIFICATE OF DEATH

State File No. **9450**

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**MAR 27 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5969** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springer Campbell</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>	
c. LENGTH OF STAY (If this place) <b>2 Mo</b>		d. STREET ADDRESS (If rural, give location) <b>805 S. Washington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springer Campbell</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Hilte</b> c. (Last) <b>Hilte</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 10 1952</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 28 1868</b>	9. AGE (In years last birthday) <b>85</b>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Homework</b>	11. BIRTHPLACE (State or foreign country) <b>Switzerland</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>U. J. Kalleh</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>John Hilte</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. D. B. Lickering</b>	18. ADDRESS <b>4222 H</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Senility &amp; Rheumatism</b>		
	DUE TO (c) <b>Malignancy of Liver</b>		
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 <b>4222 H</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **Jan 15, 1952**, to **March 10, 1952**, that I last saw the deceased alive on **March 9, 1952**, and that death occurred at **4:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. B. Lickering</b>	(Degree or title) <b>D. O. 2<sup>nd</sup></b>	23b. ADDRESS <b>Fair Play, Mo.</b>	23c. DATE SIGNED <b>3/10/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Mar 12 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery, Clinton, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Mar 18, 1952</b>	REGISTRAR'S SIGNATURE <b>Ralph Gordon</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arvur Blue</b>	ADDRESS <b>Blue Bolivar, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Phyllis J. Ester*

Licensed Embalmer No. *4154*

P. O. Address *Bolivar, md*

**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.