

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27736

FILED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 748-A

S. No. 300
v. 10.48

3960

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) D.O.A.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crane	
		d. STREET ADDRESS (If rural, give location) No street address	
3. NAME OF DECEASED (Type or Print) a. (First) WAYNE		b. (Middle) J	
		c. (Last) HILTON	
		4. DATE OF DEATH (Month) (Day) (Year) August 8 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 23, 1909
		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Furniture dealer		10b. KIND OF BUSINESS OR INDUSTRY Retail Furniture	
		11. BIRTHPLACE (City and State or Foreign Country) Aurora, Missouri	
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Archie Hilton		13b. MOTHER'S MAIDEN NAME Cora Wilson	
		14. NAME OF HUSBAND OR WIFE Mrs Wilma Lee Hilton	
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. Unknown	
		17. INFORMANT'S SIGNATURE OR NAME Archie Hilton, Crane, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes (Coronary Vessel Disease) 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00P m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Dr. A. Allen Pickens, Coroner		23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 8-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 18, 1952	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Crane, Missouri
DATE REC'D BY LOCAL REG. 8-21-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schreyer ADDRESS Springfield, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.