

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. SCHWARTZ 34683  
State File No. 977-A

5. No. 300  
EV. 10.48

1390

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

FILED NOV 10 1952 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 977-A

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 1116 S. WEAVER	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1116 S. WEAVER			
3. NAME OF DECEASED (Type or Print) a. (First) CAROL b. (Middle) ANN c. (Last) HILMES		4. DATE OF DEATH (Month) (Day) (Year) OCT. 30, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	8. DATE OF BIRTH MAY 4 1949
9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME VINCENT J. HILMES		13b. MOTHER'S MAIDEN NAME MARY J. O'NEIL	
14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME VINCENT J. HILMES		ADDRESS SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
ANTECEDENT CAUSES (b) Monoglossia			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
11. 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 3254	
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 Birth, 19, to 10-30-52, 19, that I last saw the deceased alive on 10-30-52, and that death occurred at 2 P. m., from the causes and on the date stated above.			
23a. SIGNATURE E.J. Schwartz (Degree or title) M.D.		23b. ADDRESS 609 Cherry, Springfield Mo.	
23c. DATE SIGNED 10-31-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/1/52	
24c. NAME OF CEMETERY OR CREMATORY ST. MARY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 11-1-52		REGISTRAR'S SIGNATURE Deputy Edith Williamson Registrar	
25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	

**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 *Leven T. Leavelle*

Licensed Embalmer No. 4875

P. O. Address *Springfield*

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.