

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35565

State File No.

FILED OCT 23 1952

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 Registrar's No. 13

0550
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MT Vernon</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hedges Rest Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jenkins</u> <u>0550</u>	
		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Missouri</u> c. (Last) <u>Hilton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-12-1952</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct-12-1874</u>
9. AGE (In years last birthday) <u>78</u>		10. 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 (City and State or Foreign Country) <u>Jenkins, Mo.</u>	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George IRby</u>		13b. MOTHER'S MAIDEN NAME <u>Parthenia Jones</u>	
13c. NAME OF HUSBAND OR WIFE <u>Hiram Hilton</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Smith</u>		ADDRESS <u>Stotts City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u> <u>hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	
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 <u>6/11</u> , 19 <u>51</u> , to <u>10/12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/12</u> , 19 <u>52</u> , and that death occurred at <u>10:45A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. Jones M.D.</u> (Degree or title)		23b. ADDRESS <u>mt Vernon</u>	
23c. DATE SIGNED <u>10/13/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-14-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>King Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jenkins Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-21-52</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mar L Fossett</u>		ADDRESS <u>MT Vernon Mo</u>	

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

Max L. Fossett

Licensed Embalmer No. *4252*

P. O. Address *MW Vernon, 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.