

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42062**

FILED DEC 29 1952

390

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4201 Registrar's No. 1142

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Republic</u>		c. LENGTH OF STAY (In this place) <u>55 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street Address</u>		d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Allice</u> c. (Last) <u>Hilliard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 21, 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spotter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Cleaning</u>	11. BIRTHPLACE (State or foreign country) <u>Augusta, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Anderson Hilliard</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Maxwell</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>309-05-9100</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Hilliard</u>	ADDRESS <u>Republic, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ---</u>		
	DUE TO (b) <u>Metastasis Rt. Breast</u>		
11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

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)	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 11/12, 19 51, to 12/20, 19 52, that I last saw the deceased alive on 12/20, 19 52, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. B. Mitchell</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Republic, Missouri</u>	23c. DATE SIGNED <u>12/20/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lindsey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-24-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max J. Toppett</u>	ADDRESS <u>Republic, Mo.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John L. McNeill

Signed.....
Student Embalmer

Licensed Embalmer No. 4635

P. O. Address Republic, Missouri

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.