No. 300
10.48

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7162

State File No.

850
C

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (In this place): 8 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Waynesville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edgar Springs, 0810
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle):
c. (Last): Hildreth

4. DATE OF DEATH (Month) (Day) (Year): 2/19/53

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): X 0

8. DATE OF BIRTH: 2/18/53

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: 17 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X

10b. KIND OF BUSINESS OR INDUSTRY: X

11. BIRTHPLACE (City and State or Foreign Country): Newburg, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Truman Hildreth

13b. MOTHER'S MAIDEN NAME: Nova Olena Collins

14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George Truman Hildreth, Edgar Springs, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis due to general weakness because it was only

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 6 3/4 mo. Pregnancy
DUE TO (c) Maternal causes - Abruptio placenta

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* marginalis

INTERVAL BETWEEN ONSET AND DEATH

7625

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 12, 1953, *to* Feb. 18, 1953, *that I last saw the deceased alive on* Feb. 18, 1953, *and that death occurred at* 7:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard E. Myers D.O.
23b. ADDRESS: Newburg, Mo.
23c. DATE SIGNED: Feb. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20. 1953
24c. NAME OF CEMETERY OR CREMATORY: Edgar Springs
24d. LOCATION (City, town, or county) (State): Edgar Springs, Phelps, Mo

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Eulalia Anderson
25. ~~FUNERAL DIRECTOR'S SIGNATURE~~ ADDRESS: George T. Hildreth Edgar Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-19-53

County Health Officer

File Number

Date Filed 3-21-53

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. Not embalmed

Student ..... Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.