

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23835

State File No.

FILED AUG 11 1953

REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5062 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Barry County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Purdy, Miss. c. LENGTH OF STAY (In this place) 90 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4 mi. S. of Monett Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. S. of Monett		d. STREET ADDRESS (If rural, give location) 0090 0	

3. NAME OF DECEASED (Type or Print) MISSOURI FRANCES HILTON			4. DATE OF DEATH (Month) (Day) (Year) May 11, 1953			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 26, 1863	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 2 Days 15	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Barry County Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Neil Gist	13b. MOTHER'S MAIDEN NAME Nancy Nease	14. NAME OF HUSBAND OR WIFE George H. Hilton
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Earnest Hilton	ADDRESS Verona, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	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	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) 4201
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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 5-9, 1953, to 5-11, 1953, that I last saw the deceased alive on 5-9, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. D. Baldwin, M.D.	23b. ADDRESS Purdy, Mo.	23c. DATE SIGNED 5-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 14, 1953	24c. NAME OF CEMETERY OR CREMATORY Mars Hill Cemetery	24d. LOCATION (City, town, or county) (State) Barry County, Missouri
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DATE REC'D BY LOCAL REG. 8-3-53	REGISTRAR'S SIGNATURE Katherine Henderson	487-1	25. FUNERAL DIRECTOR'S SIGNATURE Marsh Funeral Home	ADDRESS Aurora, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

150

APR 17 1955

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 _____

[Handwritten signature]

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *[Handwritten signature]*

Licensed Embalmer No. *3812*

P. O. Address *[Handwritten 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.