

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25400

State File No. _____

FILED JUL 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jasper</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		d. STREET ADDRESS (If rural, give location)		0493 <u>1709 Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M. Cone-Brooks</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Hattie</u>		b. (Middle)		c. (Last) <u>Hilpriet</u>	
4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>2</u>		(Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-17-1888</u>	9. AGE (In years; last birthday)		10. DECEASED IN (Specify) (Month) (Day) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cass Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Tantha E. Davis</u>		14. NAME OF HUSBAND OR WIFE <u>John Hilpriet</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Hilpriet</u>		ADDRESS <u>1709 Main Carthage Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				<u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>5 yrs</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Nephritis, Chronic</u>					
		DUE TO (c) <u>Arteriosclerotic Cardio-</u>					
		II. OTHER SIGNIFICANT CONDITIONS				<u>10 yrs</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Vascular disease</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		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 <u>None</u>		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>Dec 19, 1951</u> , to <u>July 2, 1953</u> , that I last saw the deceased alive on <u>July 2, 1953</u> , and that death occurred at <u>12:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>				23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>July 6 '53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Davis</u>		24b. DATE <u>7-5-1953</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>Davis</u>		24d. LOCATION (City, town, or county) (State) <u>E. of Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-8-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Miller Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-20-53
Jasper County Health Office

County File Number 597
Date Filed JUN 3 7-20

1954

JUL 2 1953

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 E. R. Leevien

Licensed Embalmer No. 3297

P. O. Address Miller 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.