

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29440

FILED SEP 8 - 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>			
b. CITY OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Bedford</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>311 Central</u> 8			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Truman</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>Hidlay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26, 1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 21, 1871</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Hidlay</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Hamilton</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Hidlay</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marvel Hays Bedford, Iowa</u>			
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) <u>Fracture left hip and Traumatic shock</u> 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. <u>Cardiac decompensation.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u> <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9040 21</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bedford Taylor Ia</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-24-53</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>			
22. I hereby certify that I attended the deceased from <u>8-24, 1953</u> , to <u>8-26, 1953</u> , that I last saw the deceased alive on <u>8-26, 1953</u> , and that death occurred at <u>12:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Jones M.D.</u>				23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>8-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clearfield Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Clearfield, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>9-1-53</u>		REGISTRAR'S SIGNATURE <u>Gess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Whitman</u>		ADDRESS <u>Bedford, Ia.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1969

SEP 11 1969

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 Self
..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank Wetmore Jr

Licensed Embalmer No. 4517

P. O. Address Bedford, Iowa

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.