

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30988

State File No.

FILED OCT 1 1953		REG. DIST. NO. 27	PRIMARY REG. DIST. NO. 5098	Registrar's No. 88
1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY OR TOWN <u>Rural Summitt</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. 2 Butler</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 2 Butler</u> 0070		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lois</u> b. (Middle) <u>Millie</u> c. (Last) <u>Hilliard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-53</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-28-1870</u>	9. AGE (in years last birthday) <u>83</u> 7 0
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>Holden, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jonathan Dewey</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Hubbard</u>	14. NAME OF HUSBAND OR WIFE <u>Mark Hilliard</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 <u>Harold Hilliard</u> ADDRESS <u>Bishop, California</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Block</u> ANTECEDENT CAUSES <u>Complete -</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myo-</u> DUE TO (c) <u>Carditis -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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>Aug 25, 1953</u> to <u>Aug 28, 1953</u> , that I last saw the deceased alive on <u>Aug 25, 1953</u> and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Patricia W. Luter, M.D.</u> (Degree or title)		23b. ADDRESS <u>Butte, Mo.</u>		23c. DATE SIGNED <u>8/21/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/31/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-21-1953</u>	REGISTRAR'S SIGNATURE <u>Randall Kray</u> 17-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Underwood</u> ADDRESS <u>Butte, Mo.</u>		

(Licensed Embalmers' 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Robert G. Steinbeck*

Licensed Embalmer No.. *465*

P. O. Address.. *Butler,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.