FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15601

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4201 Registrar's No. 493

1. PLACE OF DEATH

a. COUNTY: Greene

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Republic

c. LENGTH OF STAY (In this place): 55 Years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No Street Address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Greene

c. CITY OR TOWN: Republic

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): No Street Address

0390

3. NAME OF DECEASED (Type or Print)

a. (First): JAMES b. (Middle): HARRY c. (Last): HILLIARD

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1954

5. SEX: Male 1

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Feb. 10, 1887

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farms

11. BIRTHPLACE (City and State or Foreign Country): Springfield, Missouri 0

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

13a. FATHER'S NAME: James A. Hilliard

13b. MOTHER'S MAIDEN NAME: Mary Ann Maxwell

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 500-09-5641

17. INFORMANT'S SIGNATURE OR NAME: Ruth Robertson ADDRESS: Republic, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 3-12-54

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — 39 DAYS

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: 4201

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* 3-12, *19*54, *to* 5-19, *19*54, *that I last saw the deceased alive on* 5-18, *19*54, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. C. Mitchell M.D. (Degree or title)

23b. ADDRESS: Republic, Missouri

23c. DATE SIGNED: 5/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/22/54

24c. NAME OF CEMETERY OR CREMATORY: Lindsey Cemetery

24d. LOCATION (City, town, or county) (State): Republic, Missouri

DATE REC'D BY LOCAL REG.: 5-20-54

REGISTRAR'S SIGNATURE: Erica Williamson

25. FUNERAL DIRECTOR'S SIGNATURE: Max L. Fossett ADDRESS: Republic, Missouri

Max L. Fossett

(Licensed Embalmer's 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jahnal. Mc Na

Licensed Embalmer No. 46

P. O. Address Republi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.