

BIRTH NO. _____		REG. DIST. NO. 106		PRIMARY REG. DIST. NO. 5428		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb			c. LENGTH OF STAY (In this place) 5 Yrs.		c. CITY OR TOWN Holcomb		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Holcomb, Missouri				No. STREET ADDRESS (If rural, give location) 0350					
3. NAME OF DECEASED (Type or Print)			a. (First) LEONA		b. (Middle) AMANDA		c. (Last) HILDEBRAND		
4. DATE OF DEATH			(Month) July		(Day) 7		(Year) 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 12 1882		9. AGE (In years last birthday) 72	
						IF UNDER 1 YEAR Months 5 Days 25		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) Union City, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Dyer			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Deceased			
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 Mrs. Earnest Vancil, Holcomb, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Success of Gall bladder DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN SUNSET AND DEATH Not known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 7/4 , 19 54 , to 7/7 , 19 54 , that I last saw the deceased alive on 7/7 , 19 54 , and that death occurred at 6:00 P.M. from the causes and on the date stated above.									
23a. SIGNATURE John E. Cochran (Degree or title)				23b. ADDRESS Holcomb, Mo.			23c. DATE SIGNED 7/8/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 9 1954		24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery		24d. LOCATION (City, town, or county) (State) Clarkton Missouri			
DATE REC'D BY LOCAL REG. 8-25-54		REGISTRAR'S SIGNATURE J. Henderson		25. FUNERAL DIRECTOR'S SIGNATURE 89-1		ADDRESS Landess Funeral Home, Campbell, Mo.			

RECEIVED DUNKLIN COUNTY-HEA

DEPARTMENT 8-24-57

COUNTY FILE NUMBER 851-2

JAN 5 1955

JUL 26 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Christina M. Levens*

Licensed Embalmer No. 4227

P. O. Address *Campbell*

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.