

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1621

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Mt Vernon</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mt Vernon Rural 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rt 2 Mt Vernon, Mo. 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Hilpert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1955</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June-16-1888</u>
9. AGE (in years last birthday) <u>66</u>		9. AGE (in years last birthday) <u>66</u>	9. AGE (in years last birthday) <u>66</u>
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Mt Vernon, Mo. 0</u>
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. C. Lester</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Elizabeth Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Hilpert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Hilpert</u>		ADDRESS <u>Mt Vernon, Mo.</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>Hemorrhage and Exsanguination</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Carcinoma of Common Dent</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Manitron</u>	
19a. DATE OF OPERATION <u>April 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Common Pilo Dent</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>2 years</u> <u>2 1/2 years</u> <u>6 days</u>	
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>Nov 2, 1954</u> , to <u>Jan 6, 1955</u> , that I last saw the deceased alive on <u>Jan 6, 1955</u> , and that death occurred at <u>10:52 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Harold E. Giesey D.O.</u>		23b. ADDRESS <u>Mt Vernon, Mo.</u>	23c. DATE SIGNED <u>1/7/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan-9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mt Vernon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-7-55</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	411	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max Z. Fosselt</u>
ADDRESS <u>Mt Vernon, Mo.</u>			

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
Student Embalmer

Signed

May L. Fossett

Licensed Embalmer No.

4252

P. O. Address

McVernon, 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.