

No. 300
10. 48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10730

State File No.

040
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 26165 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Hurley</u>		c. LENGTH OF STAY (In this place) <u>30 Yrs.</u>	c. CITY OR TOWN <u>Billings, Rt. #1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Rt. 1, Billings</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>"Rural" Hurley</u>		1070	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>HOOTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8-1880</u>
9. AGE (In years last birthday) <u>74</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - - -</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>9 Unknown</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Isaac Maltire James</u>	
13b. MOTHER'S MAIDEN NAME <u>Louisa Harriet Coose</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Leslie Hooton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS, MO. <u>Clifford Hooton, Rt. 3, Springfield,</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 <u>Carcinoma of Pancreas.</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 Mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>157 X</u>	
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) (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 <u>37 Feb. 19 55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb. 6, 1955</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. P. Coyle M.D.</u>		23b. ADDRESS <u>_____</u>	23c. DATE SIGNED <u>3-4-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jamesville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stone Co., Missouri</u>
DATE REC'D BY LOCAL REG. <u>March 10-55</u>	REGISTRAR'S SIGNATURE <u>Mo. J. Elmer ...</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>John Hlean Harris</u>	ADDRESS <u>Clever, MO.</u>

Per State Registrar (Licensed Embalmer's Statement on Reverse Side)

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.....*John Clean Harris*.....

Licensed Embalmer No. *4390*.....

P. O. Address.....*Cleveland, Ohio*.....

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.