No. 300
10.48

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

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19233

State File No.

BIRTH NO. 36957-55 REG. DIST. NO. 669 PRIMARY REG. DIST. NO. 4258 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
c. LENGTH OF STAY (in this place): 26 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gibson Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scotland
c. CITY OR TOWN: Granger
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0990

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): Arnold
c. (Last): Hilliard, Jr.

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NM
8. DATE OF BIRTH: June 21, 1955
9. AGE (In years last birthday): 0 — If under 1 year: Months ___ Days 1 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Edina, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Edwin A. Hilliard
13b. MOTHER'S MAIDEN NAME: Shirley Mae Keeton
14. NAME OF HUSBAND/OR WIFE: -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Edwin Hilliard — **ADDRESS**: Granger 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

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: 7620
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* June 21, 19 55 *to* June 22, 1955, *that I last saw the deceased alive on* June 22, 19 55, *and that death occurred at* 11.15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. O. Wright M.D.
23b. ADDRESS: Leonard, Mo.
23c. DATE SIGNED: June 23, 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-23-55
24c. NAME OF CEMETERY OR CREMATORY: Black Oak Cemetery
24d. LOCATION (City, town, or county) (State): Granger Mo.

DATE REC'D BY LOCAL REG.: June 25-55
REGISTRAR'S SIGNATURE: Nelle S. Hinolt
25. FUNERAL DIRECTOR'S SIGNATURE: Leon Barkley
ADDRESS: Memphis

(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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 42

P. O. Address.....

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.