

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30044

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 147

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| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> | | c. CITY OR TOWN <u>Eldridge</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>5 wks</u> | | STREET ADDRESS (If rural, give location) <u>No St. Address</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wallace Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>L.</u> c. (Last) <u>Hillig</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1955</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>June 22 1883</u> | 9. AGE (In years) (Month) (Day) (Min.) <u>72</u> <u>2</u> <u>12</u> |
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| 10a. USUAL OCCUPATION (Give kind of work long during most of working life, even if retired) <u>Retired Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Eldridge Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Otto Hillig</u> | 13b. MOTHER'S MAIDEN NAME <u>Juliet Butcher</u> | 14. NAME OF HUSBAND OR WIFE <u>Jay Hillig</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>494-81-5883</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Jay Hillig</u> | ADDRESS <u>Eldridge, Mo.</u> |
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| 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) <u>CANCER of The Prostate</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| | ANTECEDENT CAUSES Morbidity 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. <u>Pulmonary F. BRONCHIS</u> | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. NAME OF FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 10/6, 1952, to 9/4, 1955, that I last saw the deceased alive on 9/4, 1955, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

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| 23. SIGNATURE <u>E. J. Fisher</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Lebanon, Mo</u> | 23c. DATE SIGNED <u>9/5/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/6/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Prosperine Cemetery near Eldridge, Mo.</u> | 24d. LOCATION (City, town, or county) (State) |
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| DATE REC'D BY LOCAL REG. <u>9-10-1955</u> | REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> | 424. | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u> | ADDRESS <u>Lebanon Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 9-19-55
Laclede County Health Unit
File No. 147
Date Filed 9-19-55

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 Harvey M. How

Licensed Embalmer No. 42

P. O. Address Lebanon

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.