

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41724

State File No.

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4457 Registrar's No. 3

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| 1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City</u> | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY OR TOWN <u>Lowry City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>0930</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Effie</u> | b. (Middle) <u>Mae</u> | c. (Last) <u>Wears</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>December, 20, 55</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug; 3, 1874</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 2 HRS. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lowry City Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>William H. Hillegas</u> | 13b. MOTHER'S MAIDEN NAME <u>Hulda Pattison</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Douglas, Clinton Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> | | <u>Sudden</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Myocarditis</u> DUE TO (c) <u>Atherosclerosis</u> | | <u>History</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4201</u> | <u>History</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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 1943 to Dec 20, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J. B. Downum, M.D.</u> | 23b. ADDRESS <u>Lowry City, Mo</u> | 23c. DATE SIGNED <u>12/21/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-22-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lowry City</u> | 24d. LOCATION (City, town, or county) (State) <u>Lowry City, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-7-56</u> | REGISTRAR'S SIGNATURE <u>Ruth Seewers</u> <u>298</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Married Funeral Home Osceola, Mo</u> |
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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.....
Signature of Student Embalmer

Signed *Paul Tristano*.....

Licensed Embalmer No. *37*.....

P. O. Address *Ascola*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.