

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3492**

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4483** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Scotland Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL, and give township) Rutledge	c. LENGTH OF STAY (in this place) 1 year	c. CITY OR TOWN Tranger, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		L ST STREET ADDRESS (If rural, give location) 0990	

3. NAME OF DECEASED (Type or Print) a. (First) Lizzie b. (Middle) Belle c. (Last) Hilliard			4. DATE OF DEATH (Month) (Day) (Year) JAN 1 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug 31, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) VAN BUREN Co., Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Samuel Hilliard	13b. MOTHER'S MAIDEN NAME Elizzie Brown	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)	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs Merille Hilliard	ADDRESS Rutledge, Mo.
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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, asphyxia, 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) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0182			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Rutledge, Scotland, Mo.
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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 **not present at time of death**, that **the deceased** was alive on **Jan 1 - 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. S. Dennis, D.O.	(Degree or title)	23b. ADDRESS Baring - Mo	23c. DATE SIGNED 1/30/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE JAN 3 1956	24c. NAME OF CEMETERY OR CREMATORY Mt Moriah	24d. LOCATION (City, town, or county) (State) Scotland Co., Mo.
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DATE REC'D BY, LOCAL REG. 1/13/56	REGISTRAR'S SIGNATURE Vera E. Turner	476-0	25. FUNERAL DIRECTOR'S SIGNATURE Gertrude Beckwith	ADDRESS Memphis Mo
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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 *Albert C. Gust*.....

Licensed Embalmer No. *4257*

P. O. Address *Memphis*

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.