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FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17330
State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> <u>0830</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u> <u>Weston</u>		c. CITY OR TOWN <u>Weston</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lyda</u>	b. (Middle) <u>Ellen</u>	c. (Last) <u>Hillix</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1956</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>Oct 12, 1875</u>	9. AGE (In years less birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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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>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Point, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John T. Owens</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Ann Dean</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Hillix</u>
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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 <u>Leon Hillix</u>	ADDRESS <u>Weston, 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, 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>Cerebral hemorrhage</u>		<u>5 yrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>		<u>6 yrs.</u>
	DUE TO (c) <u>Senile degeneration</u>		<u>6 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyelitis & Cystitis</u>			<u>1 yr.</u>

19a. DATE OF OPERATION <u>XXXXXX</u>	19b. MAJOR FINDINGS OF OPERATION <u>None performed</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>XXXXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Weston Platte Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>
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22. I hereby certify that I attended the deceased from Nov. 2, 1951, to May, 18, 1956, that I last saw the deceased alive on May, 17, 1956, and that death occurred at 6-30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis C. Calverh M.D.</u>	23b. ADDRESS <u>Weston Missouri</u>	23c. DATE SIGNED <u>5/18/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-18-56</u>	REGISTRAR'S SIGNATURE <u>Opheia Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u>	ADDRESS <u>Weston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 31 1956

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 *W. G. Vaughn*

Licensed Embalmer No. *462*

P. O. Address *Weston*

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.