

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **22954**
REGISTRAR'S NO. **415**

FILED AUG 10 1956

Registration District No. **43** Primary Registration District No. **5135**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Brosley RR # 1 Ash Hill OR TOWN Brosley RR # 1 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brosley RR # 1 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Brosley RR # 1		d. STREET ADDRESS RR # 1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb Life			

3. NAME OF DECEASED (Type or print) CARRIE MAE HILLIS <i>First Middle Last</i>			4. DATE OF DEATH July 28, 1956 <i>Month Day Year</i>		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-12-1878	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Vincense, Ind.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Cooper			14. MOTHER'S MAIDEN NAME Mary Magill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. Jess Hillis Fisk, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 18 hrs. 12 mo. 15 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocarditis	
	DUE TO (c) Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes melitus.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1952 to 28 July 56 and last saw her alive on 26 July 56 Death occurred at 7:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Cemilla Post MD	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 3/2/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-30-1956	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Butler County, Mo.
24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 8/4/56	26. REGISTRAR'S SIGNATURE RH Mueller	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
 300 7-56
 Doctor, coroner, etc. must use only standard nomenclature in item 8. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
AUG 8 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Roy P. Adams* _____
Licensed Embalmer No. *49*

P. O. Address *Poplar Bluff* _____

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.