

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23469**BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (in this place) 9 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ridgeway Mo		d. STREET ADDRESS (If rural, give location) S. P. Town. 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maell Memorial Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Newton c. (Last) Hillyard			4. DATE OF DEATH (Month) (Day) (Year) 7-16-56				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May-15-1878	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (State or foreign country) Bethany Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Bethany Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Isaac Hillyard			13b. MOTHER'S MAIDEN NAME Sarah Lou Graham			14. NAME OF HUSBAND OR WIFE Ethie May Hillyard	
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. 498-40-5050		17. INFORMANT'S SIGNATURE OR NAME Ethie May Hillyard			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelo-nephritis INTERVAL BETWEEN ONSET AND DEATH 6 mo. ANTECEDENT CAUSES Morbid 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6000					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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 6-1-1947 to 7-16-1956 , that I last saw the deceased alive on 7-16-1956 , and that death occurred at 4:35 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Merrilee Corbush M.D.				23b. ADDRESS Bethany Mo		23c. DATE SIGNED 7/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-16-1956		24c. NAME OF CEMETERY OR CREMATORY Maoris Chapel Cemetery		24d. LOCATION (City, town, or county) (State) 7m. W. S. Ridgeway Mo	
DATE REC'D BY LOCAL REG. 7-17-56		REGISTRAR'S SIGNATURE Zola Burris			25. FUNERAL DIRECTOR'S SIGNATURE Robert P. Rogers		
					ADDRESS Ridgeway Mo		

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1958

APR 9 1958

JUL 31 1956

AUG 2 1956

AUG 30 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
Student Embalmer

Signed *Robert R. Baggan*

Licensed Embalmer No. *9576*

P. O. Address *Redwing MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.