

FILED DEC 4 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40387

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 4530 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Richards</u>	c. LENGTH OF STAY (in this place) <u>2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richards, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richards, Missouri - AT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>Richards, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie May</u>	b. (Middle) <u>May</u>	c. (Last) <u>Hiler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 26 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>Sept. 11, 1885</u>	9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ 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 keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Humbolt, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Courtney</u>	14. NAME OF HUSBAND OR WIFE <u>William Riley Hiler</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 ADDRESS <u>Mrs. A. C. Bills Richards, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Dead several hours when found by daughter</u> 4200		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>6 to 8 mo</u>
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 <u>no signs of foul play - no Inquest</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Richards vernon Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>November 26, 56 10 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>stair</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter D. Thurman, Coroner</u>	23b. ADDRESS <u>Neveda, Missouri</u>	23c. DATE SIGNED <u>11-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>11-29-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Youngtown cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marion, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>11-28-1956</u>	REGISTRAR'S SIGNATURE <u>Anna G. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cheney Undertaking Co. Orlando A. Cheney Ft. Scott, Kans</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

510

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 _____

O. A. Cheney
O. A. Cheney

Licensed Embalmer No. _____

P. O. Address _____

2612
H. Scott Kansas
H. Scott Kansas
2612
H. Scott Kansas

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