

Health, Welfare, Public Service, 00-56, 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.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27855

FILED AUG 27 1957

STATE FILE NUMBER

Registration District No. 80 Primary Registration District No. 4142 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Russellville</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Russellville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>260</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ada</u> Middle <u>Silvia</u> Last <u>Leslie</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>18,</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>CAU</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 1, 1883</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Cole County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>James Henry Hillard</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Jane Musick</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>(If yes, give year or dates of service)</u>		17. INFORMANT Address <u>Mrs Raymond Wolcott, Peoria, Ill</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) <u>General atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4260</u>							INTERVAL BETWEEN ONSET AND DEATH
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 <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>							
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 <u>Aug</u>		COUNTY	STATE
21. I attended the deceased from <u>Oct 23, 1956</u> and last saw her alive on <u>July 10, 1957</u> Death occurred at <u>2:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Jefferson City, Mo.</u>		22c. DATE SIGNED <u>8/19/57</u>	
23a. BURIAL OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-20-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Enloe Cemetery</u>		23d. LOCATION (City, town, or county) <u>Russellville, Mo</u>		(State)
24. FUNERAL DIRECTOR <u>Hugo N Schuchert</u> ADDRESS <u>Russellville, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Aug 19 1957</u>	26. REGISTRAR'S SIGNATURE <u>Minnie Hittmaneyel</u>			

(Licensed Embalmer's Statement on Reverse Side)

21 0414 08

JUL 24 1958

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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 *Earl Dombi*.....

Licensed Embalmer No. *21*

P. O. Address *Bliss*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.