t. Health,
, & Welfare
S. Public
th Service

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v. 1-57

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39369
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 1261

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Washington Twp. — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 79 Ayr Lawn Add. — Length of stay in Ib 35 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 79 Ayr Lawn Addition — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Rebecca Middle: Last: Hiles

4. DATE OF DEATH Month Nov. Day 13, Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH May 23, 1903

9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (City and state or country) Benton County, Mo.

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME William Allen

13b. MOTHER'S MAIDEN NAME Martha Roberts

14. NAME OF HUSBAND OR WIFE Hershel Hiles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Hershel Hiles Address St. Joseph, MO. 79 Ayr Lawn Addition

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma - generalized — INTERVAL BETWEEN ONSET AND DEATH 18 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of rectum
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5-10-57, to 11-13-57 and last saw her/him alive on 11-12-57
Death occurred at 4:25 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Jungrar M.D.

22b. ADDRESS 4208 St Joseph Mo

22c. DATE SIGNED 11-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 16, 57

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.

23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR Clark Funeral Home **ADDRESS** St. Joseph, Mo

25. DATE RECD. BY LOCAL REG. Nov. 21, 1957

26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Paul F. Clark

Licensed Embalmer No. 5024

P. O. Address St. Joseph, Mo.

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.