

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40895

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5-296 Registrar's No. 525

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valle Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Valle Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2, DeSoto		Length of stay in lb 25 Yrs.		d. STREET ADDRESS Rt. 2 DeSoto	
3. NAME OF DECEASED (Type or print) Cora Bell Hileman		First Middle Last		4. DATE OF DEATH Nov. 4, 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 7, 1877	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Chandler, Indiana	
13. FATHER'S NAME Jonathan J. Meeks			14. MOTHER'S MAIDEN NAME Caroline Smith		
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. ?		17. INFORMANT Florence Rees DeSoto, 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) Bronchopneumonia, bilateral					INTERVAL BETWEEN ONSET AND DEATH 5 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Cerebral hemorrhage with left hemiplegia					2 months
DUE TO (c) Hypertensive cardiovascular disease					unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			443X		
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 Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <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 July, 1957 , to Nov. 4, 1957 and last saw her alive on Nov. 2, 1957 Death occurred at 5:40 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.			22b. ADDRESS DeSoto, Mo.		22c. DATE SIGNED 11-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/7/57	23c. NAME OF CEMETERY OR CREMATORY Oakland		23d. LOCATION (City, town, or county) (State) Near DeSoto Mo.
24. FUNERAL DIRECTOR J. Lee Mothershead		ADDRESS DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. Nov-6-1957	26. REGISTRAR'S SIGNATURE Marie Farrin.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 MoRS 1949. 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. Coroner cannot certify to a death due to natural causes.

S. 300
v. 1-56Health,
& Welfare
S. Public
Health Service

146-5

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

NOV 8 1957

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 *Andrew H England*

Licensed Embalmer No. *474*

P. O. Address *De Soto 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.