

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018257
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2654

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Leawood 4508
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luthern		Length of stay in 1b 5 Days	d. STREET ADDRESS (If outside, give location) 920I Lee Blvd.
3. NAME OF DECEASED (Type or print) First Middle Last Samuel W. Hilliard			4. DATE OF DEATH Month Day Year May 25th 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 4th 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Dealer		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Independence, Mo.
13a. FATHER'S NAME John E. Hilliard		13b. MOTHER'S MAIDEN NAME Elvira Jones	14. NAME OF HUSBAND OR WIFE Louise Hilliard
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. 500-12-398I	17. INFORMANT Address Mrs. Louise Hilliard 920I Lee Blvd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Atherosclerotic heart disease - acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH over 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) 2. Hypertensive heart disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 9-28-54 to 5-25-58 and last saw him alive on 5-24-58 Death occurred at 10:05 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wilson H. Miller, M.D.		22b. ADDRESS 4620 Indep. Ave Kansas City, Mo.	22c. DATE SIGNED 5-26-58
23a. BURIAL, CREMATION, REMOVA (Specify) Burial	23b. DATE May 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) Independence Missouri
24. FUNERAL DIRECTOR ADDRESS George C. Carson Winner at Fuller		25. DATE RECD. BY LOCAL REG. 5-26-58	26. REGISTRAR'S SIGNATURE Iveta Minshall

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Wilson H. Miller



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 *Raymond F. Loeman*

Licensed Embalmer No. *4366*
P. O. Address *Indip 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.