

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035801

STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>De Soto</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6300 Hurt</b>			Length of stay in lb <b>6 months</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>Otto</b> Last <b>Hillman</b>				4. DATE OF DEATH Month <b>9</b> Day <b>26</b> Year <b>58</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>3-19-01</b>		9. AGE (In years last birthday) <b>57</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Hercules Powder</b>		11. BIRTHPLACE (City and state or country) <b>Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>John T. Hillman</b>				14. MOTHER'S MAIDEN NAME <b>Leona Fuller</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>515-18-3462</b>		17. INFORMANT Address <b>Leota M. Hillman, Liberty, Mo</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Hodgkins disease infiltrating into lungs, liver</b>		DUE TO (c) <b>spleen + retroperitoneal lymph nodes, kidneys</b>		<b>12 yrs +</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>1</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>201X</b>									
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 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		COUNTY		STATE	
21. I attended the deceased from <b>3-15-1958</b> to <b>9-26-58</b> and last saw <sup>not</sup> <del>him</del> <b>alive</b> on <b>9-25-58</b> Death occurred at <b>3:30</b> <b>A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Wm. R. Morrison, D.O. 2</b>				22b. ADDRESS <b>10 West Kansas, Liberty, Mo</b>				22c. DATE SIGNED <b>9-26-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>9-26-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mapleton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mapleton, Kansas</b>			
24. FUNERAL DIRECTOR <b>Tyler Pasley Liberty, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>10-11-58</b>		26. REGISTRAR'S SIGNATURE <b>Mabel Graham</b>			

(Licensed Embalmer's Statement on Reverse Side)

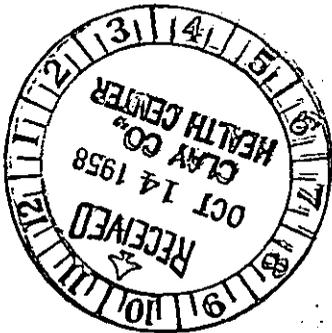
Health, Welfare Public Service

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300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 .....  
*[Handwritten Signature]*

Licensed Embalmer No. 45

P. O. Address *[Handwritten Address]*

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.