

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040734

STATE FILE NUMBER

NOV 19 1958

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 375

S. 300

1-57

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

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SHELBYVILLE, MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING Hospital		Length of stay in lb 7 days	d. STREET ADDRESS (If outside, give location) 1020 SHELBYVILLE, MO.
3. NAME OF DECEASED (Type or print) First Middle Last FLETA PRISCILLA HILES			4. DATE OF DEATH Month Day Year NOV 12 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MARCH 23, 1907
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	11. BIRTHPLACE (City and state or country) SHELBY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN RABLEE	
13b. MOTHER'S MAIDEN NAME AMADA KADY		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS FERN MIX, SHELBYVILLE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Infarct left Thromboses Cerebral Arteries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia Respiratory type			INTERVAL BETWEEN ONSET AND DEATH 8 days 8 days
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 11-4-58 to 11-12-58 and last saw her alive on 11-12-58 Death occurred at 3:24 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. L. Greene M.D.		22b. ADDRESS 100 N. Sixth, Hannibal, Mo.	
22c. DATE SIGNED 11-14-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE NOV 14, 1958		23c. NAME OF CEMETERY OR CREMATORY HILES CEMETERY	
23d. LOCATION (City, town, or county) (State) SHELBY COUNTY, MO.		24. FUNERAL DIRECTOR ADDRESS GREENING FUNERAL HOME SHELBYVILLE, MO.	
25. DATE RECD. BY LOCAL REG. 11-15-58		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher	

RECEIVED NOV 18 1958
MARION CO. HEALTH DEPT.
DATE FILED NOV 18 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 Charles V. Green

Licensed Embalmer No. 4625

P. O. Address Clareme

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.