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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013885

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 164

Primary Registration District No. ~~5601~~

Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg Twp		c. CITY OR TOWN Warrensburg	
c. FULL NAME OF HOSPITAL OR HOME Miles South of Warrensburg on Mo 13		d. STREET ADDRESS (If outside, give location) Route 5	

3. NAME OF DECEASED (Type or print) First Charlie Middle Elvin Last Hiles			4. DATE OF DEATH Month April Day 13 Year 1959		
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 Jan. 20, 1879	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock	11. BIRTHPLACE (City and state or country) Clearmont, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Peter Hiles	13b. MOTHER'S MAIDEN NAME Elizabeth Peterson	14. NAME OF HUSBAND OR WIFE Elnora May Snively Hiles	

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. 490-42-6936	17. INFORMANT Mrs. C.E. Hiles, Warrensburg, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Esophageal Cancer		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
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)		

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 _____ 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 Warrensburg	COUNTY _____	STATE _____
21. I attended the deceased from April 1959 to 13 April 1959 and last saw her/him alive on 9 April 59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE T. L. Maxson (Degree or title)	22b. ADDRESS Warrensburg	22c. DATE SIGNED 4-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 15 Apr 1959	23c. NAME OF CEMETERY OR CREMATORY Braddyville, Cemetery	23d. LOCATION (City, town, or county) (State) Braddyville, Iowa
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24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. Apr. 14, 1959	26. REGISTRAR'S SIGNATURE Savannah Crutchfield
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John P. Rodgers*

Licensed Embalmer No. 4963

P. O. Address Warrensburg, Mis

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.