

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016521
STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 109

300
1-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada 10820	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 804 W. Sycamore		d. STREET ADDRESS (If outside, give location) 804 W. Sycamore	
Length of stay in lb 2 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lucy Middle Maude Last Hillier			4. DATE OF DEATH Month May Day 1 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1879
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Spencer, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Runyan	
13b. MOTHER'S MAIDEN NAME Harriet Hails		14. NAME OF HUSBAND OR WIFE Ollie Hillier	
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. NONE	17. INFORMANT O.B. Hillier Address Nevada, 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) Cerebral Hemorrhage.			INTERVAL BETWEEN ONSET AND DEATH Sudden.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension.			Don't know.
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous cerebral hemorrhage.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury & 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, hldg., etc.) _____	20f. CITY, TOWN, OR LOCATION Nevada - Vernon - Mo.	COUNTY _____ STATE _____
21. I attended the deceased from Early 1928 to May 1 - 1959 and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.B. Love M.D. (Degree or title)		22b. ADDRESS Nevada, Mo	22c. DATE SIGNED 5-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4 May, 1959	23c. NAME OF CEMETERY OR CREMATORY Harwood	23d. LOCATION (City, town, or county) (State) Harwood, Missouri.
24. FUNERAL DIRECTOR Richard L. Shorten. ADDRESS Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 5-7-1959	26. REGISTRAR'S SIGNATURE Arma & Jerry

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Director, coroner, etc., must use only standard nomenclature in their reports. No symptoms will be listed. 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 *Lloyd C McCall*

Licensed Embalmer No. *4853*
P. O. Address *7 South 7th*

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.