

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000191

FILED VS FEB 1 1960

38

Primary Registration District No. 3006

Registrar's No. 48

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columba		Length of stay in 1b -----		c. CITY OR TOWN Centralia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION B. County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle FRANKLIN Last HILZER				4. DATE OF DEATH Month Jan. Day 27 Year 1960					
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 5/30/99	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Charlie Hilzer			13b. MOTHER'S MAIDEN NAME Myra Roberts			14. NAME OF HUSBAND OR WIFE Beulah Hilzer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Navy WW I			16. SOCIAL SECURITY NO. 722-16-6494		17. INFORMANT Address Paul Ballew Centralia, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries head, chest and abdomen DUE TO (b) TRAUMA DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH minutes "		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Deceased was PASSENGER IN A TRUCK					
20c. TIME OF INJURY 4:07 p.m.	Hour Month, Day, Year JAN. 27, 1960			which was struck by TRAIN AT RAILROAD CROSSING ¹¹⁸					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		20f. CITY, TOWN, OR LOCATION COLUMBIA		COUNTY BOONE		STATE MISSOURI	
21. I attended the deceased from CORNER'S CASE and last saw her ^{her} him ^{alive} on _____ Death occurred at approx 4:28 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Vincent P. Perma, M.D. CORONER Univ. of MO. MED CENTER				22b. ADDRESS 27 Jan 60				22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/29/60	23c. NAME OF CEMETERY OR CREMATORY Centralia, Cemetery		23d. LOCATION (City, town, or county) (State) Centralia, Missouri				
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Jan 28 1960		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Lyman Spencer*

Licensed Embalmer No. 4013

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.