

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005211

FILED VS. FEB 23 1960 42

Primary Registration District No. 1000 Registrar's No. 212

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 13 days		c. CITY OR TOWN Graham		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES ALBERTA HILTON			4. DATE OF DEATH Month Day Year 2 17 60				
5. SEX Female	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 3/9/18	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 Own home		11. BIRTHPLACE (City and state or country) Lingle, Wyoming		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Clarence H. Hilsabeck			13b. MOTHER'S MAIDEN NAME Bertha Sharp		14. NAME OF HUSBAND OR WIFE Ralph Hilton		
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. 498-42-4548		17. INFORMANT Address Ralph Hilton, Graham, 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) <i>Brucella pneumonia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Melanotic carcinoma</i>						DUE TO (c) <i>both causes</i>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year 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 July, 1959 to 2/17/60 and last saw her alive on 2/16/60 Death occurred at 2:02 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J.H. Ryan</i> (Degree or title) M. D.			22b. ADDRESS 301 North 8th St. Joseph, Missouri			22c. DATE SIGNED 2/18/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/20/60	23c. NAME OF CEMETERY OR CREMATORY Nodaway Memorial Garden Maryville, Missouri		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. Feb. 19, 1960	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Handell</i>	

DOCUMENT

MEDICAL CERTIFICATION
J.H. Ryan M.D.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 1 1960

FEB

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 Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville

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.