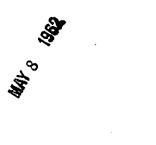
	· · ·	■60-012191		
ED YS	REALISTRATE DISTANCE DISTANCE No. 4446 Registrar's No. 51	E NUMBER		
-	1. PLACE OF DEATH a. COUNTY A. STATE M. COUNTY M. COUNT	ion: Residence before edmission)		
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ARDIN Length of stay in 1b C. CITY OR TOWN ARDIN	Inside Limits Yes 📭 No 🗆		
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOWE ADDRESS (If cutside, give location) Yes D. No	Reside on Farm Yes No		
	(Type or print) MARY ELIZABETH HILTON DEATH APRIL 1,	/960		
	Temale White White	ays Hours Min.		
	Housewift & Home CARROLL TON Mo. U	OF WHAT COUNTRY		
-	136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	TON		
<u> </u> -	(Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	Ma INTERVAL BETWEEN		
DOCUMEN	IMMEDIATE CAUSE (a) ONSES AND DEATH ONSES AND DEATH			
DOG	Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)			
20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If decease	ed was female we egnancy in last 90 day		
2007	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PA	<u>, , , , , , , , , , , , , , , , , , , </u>		
I A SI CAN	20c. TIME OF Hour Month, Day, Year			
	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	STATE		
	21. I attended the deceased from 1959, to affine, 1960 and last saw her blim elive on March 23. Death occurred at 1900 m on the date stated above, and to the best of my knowledge, from	the causes stated.		
/IT OF	22a. SKONATURE (Degree or title) 22b, ADDRESS (Arrollton, Mo	22c. DATE SIGNE		
FID	23a. BUNIAL, CREMATION, REMOVAL (Specify) 4-4-60 ANDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) ANDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	(State)		
<	21. FUNERAL DIRECTOR: ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE KNI'DSCHILDY BORCHERDING - HARDIN Mo. 4-5-1960 Malul Da	Loan		



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed
y or by	Student Embalmer No.
working under my personal supervision.	Signed_ Jugust Doukerday
Student	Signed_/Wanss Southerday
Signature of Student Embalmer	- //
	Licensed Embalmer No. 4670
v	1. 11

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