

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016013

FILED VS APR 18 1960

175

Primary Registration District No. 4277

Registrar's No. 46

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Verona		Length of stay in 1b	c. CITY OR TOWN Verona		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Verona, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Verona, Missouri	
3. NAME OF DECEASED (Type or print) First Minnie Middle M. Last Hilton			4. DATE OF DEATH Month April Day 10 , Year 1960		
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 5-8-1874	9. AGE (last birthday) 85
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) USA	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Fargo		13b. MOTHER'S MAIDEN NAME Meroja M. Thomas		14. NAME OF HUSBAND OR WIFE Mr. J. W. 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.	17. INFORMANT Address Mrs. W.D. Bryant,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema, pulmonary, acute					INTERVAL BETWEEN ONSET AND DEATH 15 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensation cardiac					2 weeks
DUE TO (c) Heart disease, Hypertensive					5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Essential hypertension, Generalized arteriosclerosis				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 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. Month, Day, Year _____					
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 February 11, 1958 to April 10, 1960 last saw her alive on April 10, 1960 Death occurred at 7:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Harold L. Lealey M.D.			22b. ADDRESS 5117. Mc Nat Ave, Aurora, Mo.		22c. DATE SIGNED 4/10/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-13-60	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	23d. LOCATION (City, town, or county) Aurora, Missouri		(State)
24. FUNERAL DIRECTOR Oscar L. Marsh		ADDRESS Aurora, Missouri	25. DATE RECD. BY LOCAL REG. 4-13-1960	26. REGISTRAR'S SIGNATURE Ora Mc Nat	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Melvin C. Garrett, Student Embalmer No. 605

working under my personal supervision.

Student Melvin C. Garrett Signed Osborn L. Marsh
Signature of Student Embalmer

Licensed Embalmer No. 3812

P. O. Address Princeton, N.J.

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