

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-036957
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5137

AMENDED

FILED OCT 27 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 58 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4222 Genessee		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4222 Genessee Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last HILLER			4. DATE OF DEATH Month 10 Day 13 Year 61		
5. SEX Ma	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-78	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contract Carrier		10b. KIND OF BUSINESS OR INDUSTRY K.C. Star	11. BIRTHPLACE (City and state or country) Bavaria, Germany	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Michael Hiller		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Frances Hiller	
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. XX	17. INFORMANT Address Mrs. Frances Hiller, 4222 Genessee		

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, major 4 Hrs.	INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Cerebral Arteriosclerosis 10+ Yrs.
	DUE TO (c)	General Arteriosclerosis 10+ Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arterio-sclerotic Heart Disease & Chronic Congestive Heart Failure

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 checked="" 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 **Dec. 1959** to **13 Oct. 1961** and last saw her **live** on **13 Oct. 1961**
Death occurred at **8:55 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip Paul		22b. ADDRESS 711 Nichols Rd.		22c. DATE SIGNED 10-15-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-16-61	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Mo.	

24. FUNERAL DIRECTOR WAGNER FUNERAL HOME, K.C. Mo.	25. DATE RECD. BY LOCAL REG. 10-15-61	26. REGISTRAR'S SIGNATURE Ruth H. Long
--	---	--

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 Philip Paul
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin R. F. Lawless

Licensed Embalmer No. 4159

P. O. Address 19. C. Mc

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.