MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-017708
STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 149

FILED APR 17 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1010		
2	1010		
3	2		
4	1		
5	2		
6			
7	0		
8	0		
9	422.1		
10			
11			
12	90-2		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b
c. CITY OR TOWN: Eminence — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Shannon

3. NAME OF DECEASED (Type or print): First: Nannie Middle: P. Hudson Last: Hilton

4. DATE OF DEATH: Month: April Day: 8, Year: 1962

5. SEX: F. 6. COLOR OR RACE: W. 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ 8. DATE OF BIRTH: 2/29/60 9. AGE (last birthday): 102 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:
11. BIRTHPLACE (City and state or country): Gatewood, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Z
13b. MOTHER'S MAIDEN NAME: Martha Morgan
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. A. P. Hudson Address: Wichita, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CHRONIC MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Nov 18, 1961 to April 6, 1962 and last saw her him alive on April 6, 1962
Death occurred at 11 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Denton Wilson (Degree or title) D.O.
22b. ADDRESS: Eminence, Mo.
22c. DATE SIGNED: 4/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/10/1962
23c. NAME OF CEMETERY OR CREMATORY: Horner Cemetery
23d. LOCATION (City, town, or county) (State): Winona, Missouri

24. FUNERAL DIRECTOR: Duncan Funeral Home ADDRESS: Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG.: Apr 16, 1962
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Charles D. Pantain

Signature of Student Embalmer

Licensed Embalmer No. 5187

P. O. Address Milton, Iowa, Mo.

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.