MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043341
STATE FILE NUMBER

Registration District No. 779 Primary Registration District No. 5667 Registrar's No. 157

FILED NOV 26 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

1	0570
2	0570
3	
4	0
5	1
6	
7	0
8	1
9	4201
10	
11	057
12	1-2
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
18a	Ventricular fibrillation	Toxemia	1/14/63
18b	Acute myocardial infarction	Rupture and perforation	
		Auto accident	

BY AFFIDAVIT OF Attendant DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lincoln

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Township — Length of stay in 1b

c. CITY OR TOWN Foley — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Hosp. — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Gen'l Del. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: LEO WILLIAM HILTON

4. DATE OF DEATH Month Day Year: Nov. 15, 1962

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-15-93

9. AGE (last birthday): 69 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: self-employed

11. BIRTHPLACE (City and state or country): RFD Winfield, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Hilton

13b. MOTHER'S MAIDEN NAME: Philomena Brown

14. NAME OF HUSBAND OR WIFE: Willia (nee Foster)

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.

17. INFORMANT: wife — Address: Foley, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ~~Toxemia~~ Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH ~~14 DAYS~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ~~Rupture and perforation of stomach~~ ~~Rupture of pancreas~~ Acute — ~~14 DAYS~~

DUE TO (c) ~~Rupture of spleen~~ myocardial infarction

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. ☐ 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.) Auto Crashed Head-on Into Another

20c. TIME OF INJURY Hour 5:30 p.m. Month, Day, Year 10-24-62

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.) Bridge on Highway 47

20f. CITY, TOWN, OR LOCATION 3 Miles West Winfield, Lincoln, Mo. — COUNTY — STATE

21. I attended the deceased from 11-7-62 ~~10-24-62~~ to ~~11-6-62~~ 11-15-62 and last saw him alive on ~~11-6-62~~ 11-15-62

Death occurred at ~~2:05~~ 8:32 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] D.O.

22b. ADDRESS Troy, Mo.

22c. DATE SIGNED 11-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial

23b. DATE 11-17-62

23c. NAME OF CEMETERY OR CREMATORY Star Hope

23d. LOCATION (City, town, or county) (State) RFD Elsberry, Mo.

24. FUNERAL DIRECTOR O'Garlan Ricks — ADDRESS Elsberry, Mo.

25. DATE RECD. BY LOCAL REG. 11-20-1962

26. REGISTRAR'S SIGNATURE Charlotte Leek

(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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 402

P. O. Address Elsberry, 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.