

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048522

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 62

FILED DEC 27 1963

VS 300 Rev. 4/59	AMENDED				
8510	DATE AMENDED				
20510					
3					
4 0					
5 1					
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7 0					
8 2					
9 4221					
10					
11					
12 90-0					
13 40					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Holden		Length of stay in 1b 25 yrs		c. CITY OR TOWN Holden	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1000 So. Lexington St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1000 So. Lexington	
3. NAME OF DECEASED (Type or print) PHILIP S. HILLEN		4. DATE OF DEATH December 15, 1963		Month December Day 15 Year 1963	
5. SEX male	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 3/9/1886	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) American Express Co.		10b. KIND OF BUSINESS OR INDUSTRY Express		11. BIRTHPLACE (City and state or country) Arrowrock, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Peter Joseph Hillen		13b. MOTHER'S MAIDEN NAME Barbara Alflin	
14. NAME OF HUSBAND OR WIFE Marion Hillen		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. XXXX	
17. INFORMANT William R. Hillen, Holden, Mo.		18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) Myocardial Insufficiency DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Pneumonitis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 3 yrs	
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. 		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 Dec 13 and last saw him alive on Dec 15, 1963		Death occurred at 10:45 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree and title) A. M. Ziegler M.D.		22b. ADDRESS Holden, Mo		22c. DATE SIGNED Dec 16, 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/18/1963		23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	
23d. LOCATION (City, town, or county) Raytown, Missouri.		24. FUNERAL DIRECTOR Canaday & Ropp, Holden, Mo.		25. DATE RECD. BY LOCAL REG. Dec 16, 1963	
26. REGISTRAR'S SIGNATURE Bernice Rose					

USE BLACK INK OR TYPEWRITER RIBBON

502410-2100

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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 W. R. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.