

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

105

STATE FILE NUMBER

0015329

VS 300
Rev. 4/59

1 0425

2 0930

3

4 1

5 2

6

7 0

8 1

332 x F

10

11

12 2-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY - Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton

Length of stay in 1b
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wetzels Hospital

Inside Limits
Yes ☒ No ☐

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

c. CITY OR TOWN Lowry City

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
Route

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Belle

S.

Hillegas

4. DATE OF DEATH

Month

Day

Year

Apr 28-1965

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
10/2/80

9. AGE (last birthday)
84

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days 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)
Lowry City Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Francis

13b. MOTHER'S MAIDEN NAME

Nancy Walker

14. NAME OF HUSBAND OR WIFE

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.
493-16-8059

17. INFORMANT
Ruth Hillegas, Lowry City Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 day

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

DUE TO (b)

Cerebral Vascular Thrombosis

1 wk

DUE TO (c)

General Arterial Sclerosis

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

fall & fract. of rt. hip - not treated

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.)
fall on hand

20c. TIME OF INJURY
Hour a.m. p.m.
4-16-65

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.)
Home

20f. CITY, TOWN, OR LOCATION
Lowry City

COUNTY

STATE

St. Clair Mo.

21. I attended the deceased from 1965 6:30 p to death - and last saw him alive on Apr 28, 65
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. R. Wetzels, M.D.

22b. ADDRESS

Clinton Missouri

22c. DATE SIGNED

4/30/65

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

23b. DATE
5-1-65

23c. NAME OF CEMETERY OR CREMATORY
Lowry City

23d. LOCATION (City, town, or county)
Lowry City Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Goodrich Funeral Home, Osceola Missouri

25. DATE RECD. BY LOCAL REG.

5-3-65

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(MB)

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

11-11-60
11-11-60
11-11-60

11-11-60

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 Paul J. Stanton

Licensed Embalmer No. 3990

P. O. Address Oscar, 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.

Permit obtained 5-3-65
MB