

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **12710**  
 Registrar's No. **90**

FILED APR 21 1952

REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLINTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montrose 0420</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WETZEL</b>		d. STREET ADDRESS (If rural, give location) <b>Montrose</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ray</b> b. (Middle) <b>Edward</b> c. (Last) <b>Hilty</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-18-1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>5-9-1942</b>
9. AGE (In years last birthday) <b>9</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>APPLETON CITY MO.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Arnold Hilty</b>		13b. MOTHER'S MAIDEN NAME <b>Lora Jenkins</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Arnold Hilty</b> ADDRESS <b>Montrose Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute nephritis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Peritonitis</b> DUE TO (c) <b>Ruptured appendix (operated)</b> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>glandular - excess body fat</b>	
19a. DATE OF OPERATION <b>4/19/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Gangrenous appendix Ruptured</b>	
20. INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5501</b>	
22. I hereby certify that I attended the deceased from <b>4-13</b> , 1952, to <b>4-18</b> , 1952, that I last saw the deceased alive on <b>4-18</b> , 1952, and that death occurred at <b>5:30 A.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R. J. Powell, M.D.</b> (Degree or title)		23b. ADDRESS <b>Clinton Mo</b>	
23c. DATE SIGNED <b>4-18-52</b>		23d. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-20-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Englewood cem</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>	
DATE REC'D BY LOCAL REG. <b>April 20-52</b>		REGISTRAR'S SIGNATURE <b>Florence Adair Sickman-Dunning</b> ADDRESS <b>Clinton Mo</b>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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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 .....  
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton

**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 this body is not embalmed, fact should be so stated above.