

FILED JAN 2 1958

STANDARD CERTIFICATE OF DEATH

43754  
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		c. CITY OR TOWN <u>Urich Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3 W 1/2 S</u>	
3. NAME OF DECEASED (Type or print) <u>HERSCHEL A HILLBRANT</u>		4. DATE OF DEATH <u>12-23-1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 20, 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter Wall Paper</u>		11. BIRTHPLACE (City and state or country) <u>Feb. U.S.A</u>	
13. FATHER'S NAME <u>Homer P. Hillbrant</u>		14. MOTHER'S MAIDEN NAME <u>Clara Goddard</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-36419A</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA STOMACH WITH METASTASIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>151X</u>	
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 <u>1954</u> to <u>Dec 23 1957</u> and last saw <u>her</u> alive on <u>12-22-57</u> Death occurred at <u>12:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. Wood M.D.</u>		22b. ADDRESS <u>HARRISONVILLE MO</u>	
		22c. DATE SIGNED <u>12-23-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>1924-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Urich Cem</u>	
		23d. LOCATION (City, town, or county) (State) <u>Urich MO</u>	
24. FUNERAL DIRECTOR <u>Brown Graham</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 23, 1957</u>	
ADDRESS <u>Urich MO</u>		26. REGISTRAR'S SIGNATURE <u>Dora Barward</u>	

RECEIVED  
DEC 30 1957  
HEALTH DEPARTMENT

FEB 5 1958

MAR 1 1958

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 *R. R. Kennedy*.....

Licensed Embalmer No. *30*

P. O. Address *Plattsburgh*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.