

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4716

FILED FEB 27 1950

BIRTH NO. 165550 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived; in institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>West Plains Rural Tda</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>West Plains</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rural</u>		d. STREET ADDRESS (If rural, give location) <u>RT 20</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edw.</u> b. (Middle) <u>Dean</u> c. (Last) <u>Hiler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1-9-1953</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; farm if retired) <u>Deputy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>W</u>	11. BIRTHPLACE (State or foreign country) <u>West Plains Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Edw. M. Hiler</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Jacoby</u>	14. NAME OF HUSBAND OR WIFE <u>W</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Edw. M. Hiler, West Plains</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>was apparently alright when nursed 12:30 am 1/18/50</u> <u>Enlarged Congenital weakness heart</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7544</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9, 1950, to 1-18, 1950, that I last saw the deceased alive on 1-12, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jurgil D. Bailey D.O.</u>		23b. ADDRESS <u>107 Walnut West Plains, Mo</u>	23c. DATE SIGNED <u>1/30/50</u>
24a. BURIAL CREMATION, REGIONAL (Specify)	24b. DATE <u>1-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howell</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
DATE REC'D BY LOCAL REG. <u>2-16-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	379	25. GENERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Robertson, West Plains Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

160
1

RECEIVED

2/20/50

District Health Officer No. 5,

District File Number 250119

Date Filed 2/24/50

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.....

Licensed Embalmer No.....

P. O. Address.....

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.