

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15137

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain "Rural"</u>		d. STREET ADDRESS (If rural, give location) <u>1040 1 CAPE FAIR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist</u>			
3. NAME OF DECEASED a. (First) <u>Lottie</u> (Type or Print)		b. (Middle)	
c. (Last) <u>Blades</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 16-1895</u>
9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR: MONTHS <u>0</u> DAYS <u>36</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Stone County Missouri, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Columbus Hilton</u>		13b. MOTHER'S MAIDEN NAME <u>Maudie Hilton</u>	
14. NAME OF HUSBAND OR WIFE <u>Ernest Blades</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Blades, Cap Fair, Mo</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac dilatation</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>	
DUE TO (b) <u>Common bile duct stone</u>		<u>1 yr</u>	
DUE TO (c) <u>Gall bladder disease</u>		<u>1 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Acute Gastric dilatation</u>	
<u>2 days</u>			
19a. DATE OF OPERATION <u>5/10/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>stone in common bile duct - obstructed</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>586 X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Oct 1948</u> to <u>5/12/1955</u> that I last saw the deceased alive on <u>5/12/1955</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Herwood G. Hall M.D.</u>		23b. ADDRESS <u>12/11. So Blenstone Springfield, Mo</u>	
23c. DATE SIGNED <u>5/13/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/12/55</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Hilton</u>		24d. LOCATION (City, town, or county) (State) <u>Bary Co Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-16-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Manlove Crane, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~and~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed George H. Moulton

Licensed Embalmer No. 3827

P. O. Address Cranston 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 this body is not embalmed, fact should be so stated above.