

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4099**

FILED FEB 27 1956

BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **5266a** Registrar's No. **7**

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

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crack Linley</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malena Washington</b>		d. STREET ADDRESS (If rural, give location) <b>10401</b>	
d. FULL NAME OF (If outside corporate limits, write RURAL and give township) HOSPITAL OR INSTITUTION: <b>Crack Great Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>Scott</b> c. (Last) <b>Hilliars</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 1-1956</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>March 21-1886</b>		9. AGE (In years last birthday) <b>69-10-10</b>		10. IF UNDER 1 YEAR: Hours Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>		11. BIRTH PLACE (City and State or Foreign Country) <b>Peculiar Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Richard Hilliards</b>		13b. MOTHER'S MAIDEN NAME <b>May Frances McDaniel</b>		14. NAME OF HUSBAND OR WIFE <b>Berta A Hilliards</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Beth Certificate</b>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of stomach</b>		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151X</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?	

22. I hereby certify that I attended the deceased from **1 June, 1955**, to **1 Feb, 1956**, that I last saw the deceased alive on **29 Jan, 1956**, and that death occurred at **8 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Royer MD</b>		23b. ADDRESS <b>Crack, Mo.</b>		23c. DATE SIGNED <b>16 Feb/56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 6-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Malena Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Malena Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Elliott J. Cheater</b> ADDRESS <b>Malena Mo</b>			
DATE REC'D BY LOCAL REG. <b>Feb 17-1956</b>		REGISTRAR'S SIGNATURE <b>Loretta Leonard</b> 5970			

(Licensed Embalmer's Statement on Reverse Side)

**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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.