

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33252

FILED OCT 26 1956

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>512</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): - a. STATE <u>Missouri</u> - b. COUNTY <u>Butler</u>			
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>33 days</u>		c. CITY OR TOWN <u>Poplar Bluff</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>720 Harper</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmo</u>			b. (Middle) _____		c. (Last) <u>Hilcrest</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 21 1956</u>
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 12 - 1896</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Augusta, Ark.</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unborn Hilcrest</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Curry</u>	
13c. NAME OF HUSBAND OR WIFE <u>Noomi Hilcrest</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-18-9867</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Noomi Hilcrest</u>		17. 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
ii. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>				DUE TO (c) <u>General arteriosclerosis</u>			
iii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic gangrene both lower extremities</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION <u>9-18-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>gangrene both lower extremities</u>		20. AUTOPSY?		21. HOW DID INJURY OCCUR? <u>4200</u>	
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 <u>Sept 17, 1956</u> , to <u>Sept 21, 1956</u> , that I last saw the deceased alive on <u>Sept 21, 1956</u> , and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Madame Blumenthal MD</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>9-29-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>9-25-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Smith-Director</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		25. ADDRESS _____		DATE REC'D BY LOCAL REG. <u>10/10/56</u>			

WIFE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300  
V. 10.48

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
OCT 22 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Fred J. Smith  
Licensed Embalmer No. 440  
P. O. Address Sikeston

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.