

Dept. Health,
ec., & Welfare
S. Public
Health Service

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

44366
STATE FILE NUMBER
6033
Registrar's No.

Registration District No. 199 Primary Registration District No. 1002

V. S. 300 0
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Research Hospital</u>		d. STREET ADDRESS <u>413 So. Cypress</u>	
3. NAME OF DECEASED (Type or print) First <u>Ina</u> Middle <u>Belle</u> Last <u>Hillebrand</u>		4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March-16-1876</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>at home</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>at home</u>	
11. BIRTHPLACE (city and state or country) <u>Blackton, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Harvey</u>	
14. NAME OF HUSBAND OR WIFE <u>John Hillebrand</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, [unknown]) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Mrs. Gladys Anderson</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>Peritonitis</u> DUE TO (b) <u>appendicitis</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerotic heart disease, congestive heart failure, rheumatoid arthritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> <u>17 days</u> <u>5501</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>8-13-57</u> to <u>12-18-57</u> and last saw her alive on <u>12-19-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wilson H. Miller, M.D.</u>		22b. ADDRESS <u>4620 Indep. Ave</u> <u>Kansas City, Mo.</u>	
22c. DATE SIGNED <u>12-20-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>12-21-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>C.F. Blackman & Son Inc.</u>		25. DATE RECD. BY LOCAL REG. <u>12-20-57</u>	
26. REGISTRAR'S SIGNATURE <u>Rever Marshall</u>		27. (Licensed Embelmer's Statement on Reverse Side)	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Wilson H. Miller



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 *W. C. Quinn*

Licensed Embalmer No. *4879*

P. O. Address *H. P. 776*

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.