

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012191

FILED VS APR 1 1960

297

Primary Registration District No. 4446 Registrar's No. 51

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>RAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HARDIN</b>		Length of stay in lb <b>50 yrs.</b>	c. CITY OR TOWN <b>HARDIN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>---</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>ELIZABETH</b> Last <b>HILTON</b>			4. DATE OF DEATH Month <b>April</b> Day <b>1</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 9 1888</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTH PLACE (City and state or country) <b>CARROLLTON, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>JACOB ATWOOD</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY GOODSON</b>		14. NAME OF HUSBAND OR WIFE <b>RUBY C. HILTON</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. <b>---</b>	17. INFORMANT <b>RUBY C. HILTON, HARDIN, Mo.</b> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 **Jan 1959** to **April 1, 1960** and last saw her **March 23, 1960** alive on **March 23, 1960**  
Death occurred at **1 Pm April 1, 1960** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>John H. Platz</b> (Degree or title) <b>MD.</b>	22b. ADDRESS <b>Carrollton, Mo</b>	22c. DATE SIGNED <b>4/3/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-4-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LAUELOCK CEM.</b>
23d. LOCATION (City, town, or county) <b>RAY COUNTY, Mo.</b>	24. FUNERAL DIRECTOR <b>KNIPSCHINDT BORCHERDING - HARDIN Mo.</b> ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>4-5-1960</b>	26. REGISTRAR'S SIGNATURE <b>Malul Jackson</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Reginald Borchert

Licensed Embalmer No. 4678

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