

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42883**

FILED JAN 16 1949

BIRTH NO. _____		REG. DIST. NO. 353		PRIMARY REG. DIST. NO. 6196		Registrar's No. 1			
1. PLACE OF DEATH a. COUNTY Jeyes				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jeyes					
b. CITY (If outside corporate limits, write RURAL and give township) Shurrelltop Rural		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Shurrelltop		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) Audrea (Type or Print)				b. (Middle) May		c. (Last) Hill			
5. SEX F		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 5/25/14			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Salem Mo		12. CITIZEN OF WHAT COUNTRY? U S			
13a. FATHER'S NAME Elmworth Hill			13b. MOTHER'S MAIDEN NAME Jennie Brown			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		INFORMANT'S SIGNATURE OR NAME Elmworth Hill		ADDRESS Licking, Mo			
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. 13B				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke - usual in people ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary TB DUE TO (c) c II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1102				INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION c				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 12-10 19 48 , to 12-29 19 48 , that I last saw the deceased alive on 12-24 19 48 , and that death occurred at 8:30 AM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. D. Reed M.D.				23b. ADDRESS Licking Mo		23c. DATE SIGNED 12/28/48			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/29/48		24c. NAME OF CEMETERY OR CARNATORY Hutchinson Co.		24d. LOCATION (City, town, or county) (State) Shurrell Mo			
DATE REC'D BY LOCAL REG 12-31-48		REGISTRAR'S SIGNATURE Elvora Nease		324 25. FUNERAL DIRECTOR'S SIGNATURE Smith & Ferguson		ADDRESS Licking Mo			

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

~~Date Filed~~
1-14-49
District File Number 149422
District Health Officer No. 5
RECEIVED 1-14-49

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 *Erbert E. Ferguson*

Licensed Embalmer No. *13945*

P. O. Address *Fucking Me*

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.