

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1538

State File No.

FILED FEB 14 1949

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (in this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>616 E. Second St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 E. Second Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. Walter</u> b. (Middle) <u>Earl</u> c. (Last) <u>Hill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1949</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 2, 1885</u>	9. AGE (In years last birthday) <u>63</u>	10. F UNDER 1 YEAR Months	11. F UNDER 1 YEAR Days	12. F UNDER 1 YEAR Hours	13. F UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Methodist Church</u>	11. BIRTHPLACE (State or foreign country) <u>Boody, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Francis I. Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Ann Hill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. E. Hill</u>	ADDRESS <u>616 E. 2nd, Carthage</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 months</u> ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhages - repeated, small</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> 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 <u>4/13</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/16, 1949, to 2/3, 1949, that I last saw the deceased alive on 1/30, 1949, and that death occurred at 12:40am, from the causes and on the date stated above.

23a. SIGNATURE <u>Charles N. Schell, M.D.</u>	23b. ADDRESS <u>201 W. 3rd, Carthage</u>	23c. DATE SIGNED <u>Feb. 3, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb-49</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>	ADDRESS <u>Carthage, Missouri</u>
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See 17 on reverse (Licensed Embalmer's Statement on Reverse Side)

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

49
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RECEIVED

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.

Signed.....

Robert H. Knell

Signed.....

Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Parthage, 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.