

FILED JAN 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1906

BIRTH NO. 48-49316 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 1-49

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller 00		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon (Rural) Franklin 00	
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Hospital 17			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) Judith Ann Hill			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1949		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 2, 1948	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 16	IF UNDER 24 HRS. Hours Min.
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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) Miller Co., Missouri()		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Albert E. Hill		13b. MOTHER'S MAIDEN NAME Ila Tucker		14. NAME OF HUSBAND OR WIFE	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. E. Hill		ADDRESS Eldon, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia				3 days	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) m.		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 Jan 15, 1949, to Jan 18, 1949, that I last saw the deceased alive on Jan 18, 1949, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. E. Humphreys, D.O.		(Degree or title)		23b. ADDRESS Tuscumbia, Mo.		23c. DATE SIGNED 1-20-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 20, 1949		24c. NAME OF CEMETERY OR CREMATORY Tuscumbia		24d. LOCATION (City, town, or county) (State) Tuscumbia, Missouri	
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DATE REC'D BY LOCAL REG. Jan. 21, 1949		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		391 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Phillips, Eldon, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

668

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 27 1949

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 _____

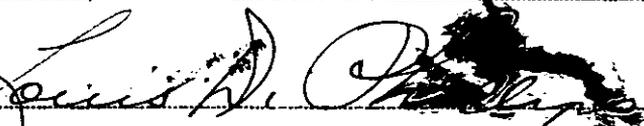
Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3663

P. O. Address Eldon

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.