

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3661

FILED JAN 27 1949

BIRTH MO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (In this place) <u>All Her Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>590. South Ellsworth Hill</u>				d. STREET ADDRESS (If rural, give location) <u>550 South Ellsworth</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Dolores</u>		b. (Middle) <u>Hill</u>		c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 6 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 4, 1891</u>	
9. AGE (In years last birthday) <u>58</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Matron of of Saline County Rest Room</u>		11. BIRTHPLACE (State or foreign country) <u>Marshall, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank P. Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Chamberlin</u>		14. NAME OF HUSBAND OR WIFE <u>Russell Hill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Powell Laytham, Marshall, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adrenal cell Carcinoma</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>VAS</u></p>				INTERVAL BETWEEN ONSET AND DEATH <u>approx. 10 mo.</u>	
19a. DATE OF OPERATION <u>8 May 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adrenal cell carcinoma - left kidney &amp; metastatic</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMEICIDE (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 <u>1 May, 1948</u> to <u>6 Jan, 1949</u> , that I last saw the deceased alive on <u>6 Jan, 1949</u> , and that death occurred on <u>13-15 Jan.,</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>D. F. Uken, M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>1-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Ridge Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 8-1949</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lealie Swainey, Marshall, Mo.</u>			

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

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**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-26-49

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**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 \_\_\_\_\_  
Student Embalmer

Signed J. Leslie Swanson

Licensed Embalmer No. 3235

P. O. Address 211 Marshall St.

**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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Missouri  
State of Saline  
County of Saline } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 3661  
Local Registrar's No. 324

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15 day of January, 1949, before me appears  
Hazel Laytham, who, upon her oath, states that the original record of birth  
for Mary Dolores Hill, died Jan. 6th, 1949, in the State of  
Missouri, and which was filed at Marx~~St~~ Marshall, Mo. Jan. 8, 1949, should be corrected as follows:

Item No. 8 should read January 4th, 1891

Instead of January 4th, 1881

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

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Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Hazel Laytham Daughter  
Relationship. \_\_\_\_\_

454 West Yerby, Marshall, Mo.  
Present Address.

Subscribed and sworn to before me this 15th, day of January, 1949.

My Commission expires April 28, 1950 Herbert J. Butterfield Notary Public.

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