

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13280

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. _____

76
6
0

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

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois Mo R.F.D.		c. LENGTH OF STAY (in this place) OR TOWN Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION /		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Fletcher c. (Last) Hile			4. DATE OF DEATH (Month) (Day) (Year) 5-5--1--49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 7, 1879	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months 8 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY /		11. BIRTHPLACE (State or foreign country) Chamois Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Henry Hile	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ruth Hoffman Scott Hile
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs J.F.Hile	ADDRESS Chamois Mo R.F.D
--	---	--	------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesales		INTERVAL BETWEEN ONSET AND DEATH
		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. Reported heart disease Malignant hypertension		0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 **November, 1948**, to **May 1, 1949**, that I last saw the deceased alive on **May 1, 1949** and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.E. Giffen D.O.	23b. ADDRESS	23c. DATE SIGNED
---	--------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-3-49	24c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery	24d. LOCATION (City, town, or county) (State) Linn Mo
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. 5-2-49	REGISTRAR'S SIGNATURE Escher Souder	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Maston	ADDRESS Linn Mo
---	---	---	---------------------------

JUN 7 1949

RECEIVED

District Health Officer No. 9

District File Number

Date Filed

5-9-49

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 Vernon M. Morley

Licensed Embalmer No. 4125

P. O. Address Linn, 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.