No. 300
10-48

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

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16888

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5990 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Township (Rural)
c. LENGTH OF STAY (in this place): Life Time
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson Township
d. STREET ADDRESS (If rural, give location): Pollock

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Orestus
c. (Last): Hill

4. DATE OF DEATH (Month) (Day) (Year): May 23 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7 1894
9. AGE (In years last birthday): 54
UNDER 1 YEAR: Months 6 Days 16
IF UNDER 1 HR.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Putnam County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George A. Hill
13b. MOTHER'S MAIDEN NAME: Minnie V. Boner
14. NAME OF HUSBAND OR WIFE: Josie G. Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs Josie G. Hill
ADDRESS: Pollock 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

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 ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 23 1949, *to* May 23 1949, *that I last saw the deceased alive on* May 23 1949, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Chas L. Judd (Degree or title) D.V.M.
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: 5/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1949
24c. NAME OF CEMETERY OR CREMATORY: Plainview Cemetery
24d. LOCATION (City, town, or county) (State): Sullivan Co. Mo.

DATE REC'D BY LOCAL REG.: 5-28-49
REGISTRAR'S SIGNATURE: Marvell Durbin
266
25. FUNERAL DIRECTOR'S SIGNATURE: Comstock Funeral Home By John D. Comstock
ADDRESS: Unionville, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1949

JUN 1 1949

RECEIVED
District Health Officer No. 10
District File Number 6-49-96
Date Filed JUN 1 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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed John N Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo.

Signed .....
Student Embalmer

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.