

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18332

BIRTH NO. _____		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>6153</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pike</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pike</u>		103	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>Near Advance Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CASS</u>		b. (Middle) <u>ALLEN</u>		c. (Last) <u>HILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1949</u>	
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>Dec. 2, 1905</u>	
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>43</u> If under 1 year: Months <u>2</u> Days <u>9</u> If under 1 mo. Hours <u></u> Min. <u></u>	
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) <u>Bloomfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Gracie E. Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Hill, Advance, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>8353</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Hill, Advance, Mo.</u>			
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity 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. <u>4:50</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb.</u> , 19 <u>49</u> , to <u>Feb. 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 11, 1949</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Master</u>				23b. ADDRESS <u>Box 1 Advance Mo.</u>		23c. DATE SIGNED <u>2-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem. Advance, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Advance, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-1-49</u>		REGISTRAR'S SIGNATURE <u>Bernice Mason</u>		360		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Meyer, Advance, Mo.</u>	

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

RECEIVED

District Health Office No. 2,

District File Number 642-672

Date Filed 6-1-49

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 _____

Lloyd S. Morgan Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, Md.

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.