

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24443**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6422** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Richmond</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>81</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>Rural Richmond Miss</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3 1/2 miles N.E. of Rayville, Mo. - 3 1/2 miles N.E. of Rayville, Mo.</b>			

3. NAME OF DECEASED a. (First) <b>Carl</b> b. (Middle) <b>Schurz</b> c. (Last) <b>Hill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 23, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 17, 1873</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Hill</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Harder</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Shoemake</b>
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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) <b>unknown</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. D.K. Frazier-Rayville, Mo.</b> ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs.</b> <b>4 yrs.</b> <b>6/10X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Vascular Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertrophy of Prostate</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 checked="" type="checkbox"/>
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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) _____
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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 **Apr 14, 1949**, to **July 23, 1949**, that I last saw the deceased alive on **July 23, 1949**, and that death occurred at **7:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. E. J. Rerum M.B. D.D. 'K</b> (Degree or title) _____	23b. ADDRESS <b>Richmond Mo.</b>	23c. DATE SIGNED <b>July 24, 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-25-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>6 miles east-Lawson, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 27-1949</b>	REGISTRAR'S SIGNATURE <b>Malcol Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas J. Curtis</b> ADDRESS <b>Richmond, Mo.</b>
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RECEIVED AUG 2

District Health Officer No. 8,

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

Date Filed 8-12-49

PS

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.

*[Handwritten signatures and notes at the bottom of the page]*