

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26281

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>20 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Velma</u> b. (Middle) _____ c. (Last) <u>Hill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 27-1914</u>	9. AGE (In years last birthday) <u>34</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>

13a. FATHER'S NAME <u>Charles Show</u>	13b. MOTHER'S MAIDEN NAME <u>Alberta Franklin</u>	14. NAME OF HUSBAND OR WIFE <u>Eugene Hill</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Recorder State Hosp Fulton Mo</u>
		ADDRESS <u>214 Fulton</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pelvis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10/19/1</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>		
	DUE TO (c) <u>fecula of bladder</u>		
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)	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 July 16, 1949, to Aug 6, 1949, that I last saw the deceased alive on Aug 8, 1949, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. K. Lee</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>State Hosp vs Fulton Mo</u>	23c. DATE SIGNED <u>8/6/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 7 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Community</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo</u>

DATE REC'D BY LOCAL REG <u>Aug 9-1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry J. Maupin</u>	ADDRESS <u>Fulton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
District Health Officer No. 9,
AUG 15 1949
RECEIVED

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 Walter J. Hairer, Jr.
Licensed Embalmer No. 4553

P. O. Address Fulton, Me

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.