

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

29133

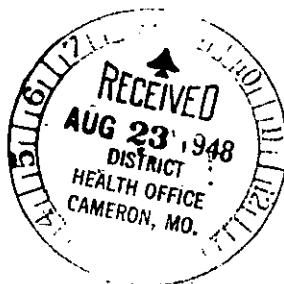
FILED AUG 25 1949

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6272</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Allen Township		c. LENGTH OF STAY (in this place) 42 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Allen Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) Allendale, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Reas b. (Middle) Hill c. (Last) Hill				4. DATE OF DEATH (Month) (Day) (Year) 8 16 1949			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-7-1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 1 Days 9	IF UNDER 24 HRS. Hours 9 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Champaign County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry B. Hill		13b. MOTHER'S MAIDEN NAME Elizabeth Rinehart		14. NAME OF HUSBAND OR WIFE Grace Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Hill Allendale, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertensive heart disease with insufficiency ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs 442X	
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 3-10-1949 , to 8-16-1949 , that I last saw the deceased alive on 8-15-1949 , and that death occurred at 3-20 A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. J. H. Hill				23b. ADDRESS Grant City Mo		23c. DATE SIGNED Aug-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8 18 1949		24c. NAME OF CEMETERY OR CREMATORY Isabelle Cemetery		24d. LOCATION (City, town, or county) (State) Allendale, Mo.	
DATE REC'D BY LOCAL REG. Aug 20-1949		REGISTRAR'S SIGNATURE Reta E. Dawson		FUNDAL DIRECTOR'S SIGNATURE Frank C. Dunfee		ADDRESS Grant City Mo	

(Licensed Embalmers' Statement on Reverse Side)

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



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

Arch C. Duffer

Licensed Embalmer No. 3252

P. O. Address East City, 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.