

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39745**
Registrar's No. **4306**

FILED NOV 19 1949

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

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 4306	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give name of township) Jefferson Barracks, Mo.		c. LENGTH OF STAY (In this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) Lowndes,		179	
d. FULL NAME OF HOSPITAL OR INSTITUTION ADM. HOSPITAL				d. STREET ADDRESS (If rural, give location) Lowndes, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) JESSE		b. (Middle) O.		c. (Last) HILL		4. DATE OF DEATH (Month) (Day) (Year) 10/30/49	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/23/94	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Brownwood, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Hill		13b. MOTHER'S MAIDEN NAME Lillie Neal		14. NAME OF HUSBAND OR WIFE Mae Hill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World I		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease					
		DUE TO (c) Rheumatic Heart Disease Mitral Stenosis				4201	
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) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.1			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A. m.		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 10/23 , 19 49 , to 10/30 , 19 49 , and that death occurred at 10:50a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James A. McGlew M.D.				23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.		23c. DATE SIGNED 10/31/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 4th, 1949		24c. NAME OF CEMETERY OR CREMATORY Cowan		24d. LOCATION (City, town, or county) (State) Wayne County Mo.	
DATE REC'D BY LOCAL REG. 11-2-49		REGISTRAR'S SIGNATURE Herbert R. Domb		25. FUNERAL DIRECTOR'S SIGNATURE Marshall and Co. Greenville Mo.			

3767 6 T 100M

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 *A. H. Hayward*

Licensed Embalmer No. 3010

P. O. Address *Festus Rd.*

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.

2-16-11