

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42184

FILED DEC 21 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 2052 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Appleton Twp</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kanston Farm</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Perceival</u>	b. (Middle) <u>Shelby</u>	c. (Last) <u>Hill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 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>Mar 30, 1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wass Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Mayfield Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Evalyn Darst</u>	14. NAME OF HUSBAND OR WIFE <u>Estilla Schneck</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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Estilla Hill Appleton City 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>(instant)</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) <u>arteriosclerosis</u>		<u>8 yd.</u> <u>5 yd.</u> <u>4 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none Performed</u>	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) 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 10/25, 1949, to 12/11, 1949, that I last saw the deceased alive on 12/10, 1949, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. O. Bjerke, P.O.</u>	23b. ADDRESS <u>Rockville, Mo</u>	23c. DATE SIGNED <u>12/14/49</u>
--	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 14, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cind</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton Twp Mo</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Dec. 14-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olo Arny</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Lee Appleton City Mo</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 11-49-149

Date Filed 12-20-49

MS  
APR 18 1950

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

15th day of Dec 1949

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Frank Lee

Licensed Embalmer No. 1089

P. O. Address Appleton 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.