

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair 0013	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 502 W. Wall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial			

3. NAME OF DECEASED (Type or Print)	a. (First) Otis	b. (Middle) B.	c. (Last) Hills	4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1908	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Co. Supt. of Schools--	11. BIRTHPLACE (State or foreign country) Novinger, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Seymour J. Hills	13b. MOTHER'S MAIDEN NAME Sarah Novinger	14. NAME OF HUSBAND OR WIFE Stella Lourance
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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) Yes W.W.#2	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Hills, Kirksville, Mo.	ADDRESS
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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) Cerebral Thrombosis		6 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractures of face & jaw DUE TO (c) Car accident Injury		1.0 day 3 9/16 hr 26
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 (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Adair Mo 001
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 11th 1950 2:45 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision of 2 cars Highway 6.3 North of Adair
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22. I hereby certify that I attended the deceased from **Jan 11, 1950**, to **Jan 23, 1950**, that I last saw the deceased alive on **Jan 23, 1950**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Grim O. M.D.	23b. ADDRESS Kirksville, Missouri	23c. DATE SIGNED 1-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/50	24c. NAME OF CEMETERY OR CREMATORY Novinger	24d. LOCATION (City, town, or county) (State) Novinger, Mo.
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DATE REC'D BY LOCAL REG. 1-27-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Sam M. Riley	ADDRESS Kirksville, Mo.
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FFB 1 1950

RECEIVED
JAN 3 0 1950
District Health Officer No. 1
District File Number 1-50-1
Date Filed JAN 3 0 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Roy H. Mercer*

Licensed Embalmer No. 4432

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.