

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4879
753
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS (If rural, give location) 3215 GARFIELD	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) PARKER	c. (Last) HILL	4. DATE OF DEATH (Month) (Day) (Year)
				FEB 16, 1950

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 10, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGENT switchman	10b. KIND OF BUSINESS OR INDUSTRY MO. PACIFIC R. R.	11. BIRTHPLACE (State or foreign country) PRESCOTT, KANSAS	12. CITIZEN OF WHAT COUNTRY? -
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13a. FATHER'S NAME WILLIAM E. HILL	13b. MOTHER'S MAIDEN NAME JOSEPHINE BROOKS	14. NAME OF HUSBAND OR WIFE STELLA HILL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NAVY	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. STELLA HILL 3215 GARFIELD
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of injury, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Circulatory failure, Acute</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>
	ANTECEDENT CAUSES <i>Coronary Arteriosclerosis</i>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <i>Pathologist 4201</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A.E. Upsher <i>A.E. Upsher (D) MO</i>	(Degree or title)	23b. ADDRESS 2800 main	23c. DATE SIGNED 2/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/18/50	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 2-18-50	REGISTRAR'S SIGNATURE <i>Thelma Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE KANSAS CITY, MO.
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(Licensed Embalmer's 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 _____

Licensed Embalmer No. 1418

P. O. Address H. E. M.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

48794

State of Missouri

State File No.

County of Jackson

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 753

On this 13th day of March, 1950, before me appears Mrs. Stella V. Hill

who, upon her oath, states that the original record of birth death for Charles Parker Hill, died ~~born~~ February 16, 1950, in the State of Missouri, and which was filed at Kansas City on 2-18, 1950, should be corrected as follows:

Item No. 10a should read Switchman

Instead of Agent

Item No. 11 should read Prescott, Kansas

Instead of - - - - -

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Stella V. Hill, wife. Relationship.

3215 Garfield Ave. K.C. Mo. Present Address.

Subscribed and sworn to before me this 13th day of March, 1950.

My Commission expires Oct. 21, 1951 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.