

FILED MAR 17 1950

STANDARD CERTIFICATE OF DEATH

State File No.

11598

BIRTH NO. 12515-50 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>15 Hrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex, Missouri</u> <u>1030</u>	
		d. STREET ADDRESS (If rural, give location) <u>Highway 61 No.</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Patricia</u>		b. (Middle) <u>Elaine</u>	
c. (Last) <u>Hill</u>		3 1 50	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NB</u>	8. DATE OF BIRTH <u>2-28-1950</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NB</u>	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>James L. Hill</u>	
14. MOTHER'S MAIDEN NAME <u>Irma Naomi Alsup</u>		15. NAME OF HUSBAND OR WIFE	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>James L. Hill</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>Essex, Missouri</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Defect Type?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>	
ANTECEDENT CAUSES 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
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)	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 <u>2-28</u> , 19 <u>50</u> , to <u>3-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-26</u> , 19 <u>50</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Jarvis</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Bloomfield Mo</u>	
23c. DATE SIGNED <u>3-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lillian Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 7-50</u>	REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Lind Co. Bloomfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 10 1911

District Health Office

District File Number 250-

Date Filed

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 *Infant not Embalmed*

Wm C. Cooper
Licensed Embalmer No. *#4119*

P. O. Address *Bloomfield, 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.