

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3-796</u>		Registrar's No. <u>28</u>			
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>			c. LENGTH OF STAY (in this place) <u>Life</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0680</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>walker Rural 0</u>					
3. NAME OF DECEASED (Type or Print) <u>MARY ELIZABETH HILL</u>			a. (First)		b. (Middle)		c. (Last)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>14/2/1866</u>		9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 WK: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Moniteau County 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Cloninger</u>			13b. MOTHER'S MAIDEN NAME <u>Margret Foiles</u>			14. NAME OF HUSBAND OR WIFE <u>Jefferson Davis Hill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charm Bybee, California, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis &amp; myocardial degeneration</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Gastro enteritis.</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 + yrs</u> <u>42-20</u> <u>36 hours</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau Mo</u>					
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 <u>12-31, 1949</u> , to <u>4-18, 1950</u> , that I last saw the deceased alive on <u>4-18, 1950</u> , and that death occurred at <u>7:20am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R.B. Fulcher M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>4-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sappington Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>Moniteau County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-26-50</u>		REGISTRAR'S SIGNATURE <u>A.R. Popeney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME, California, Mo.</u>		ADDRESS			

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*M. E. Friedmeyer*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California 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.