

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17220

State File No. _____

BIRTH NO. _____ **REG. DIST. NO.** 160 **PRIMARY REG. DIST. NO.** 5592 **Registrar's No.** 18

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>JEFFERSON</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERCULANEUM</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERCULANEUM</u> <u>05010</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>3250 Long Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>Willis (Webb) B.</u> b. (Middle) <u>HILL</u> c. (Last) _____			<u>MARCH 5, 1950</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>Dec. 4, 1889</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>sr Joe head, co.</u>	11. BIRTHPLACE (State or foreign country) <u>Linn Creek, Camden Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William H. Hill</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH COSS MAEY HILL</u>	
14. NAME OF HUSBAND OR WIFE _____			
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 <u>LAWRENCE HILL, Herculanum, Mo.</u>		ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic coronary heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto myocardial infarction</u>			
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>March 5, 1950</u>, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:45 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. McDonald</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Herculanum, Mo.</u>	23c. DATE SIGNED <u>3-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 8 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>HERCULANEUM MO.</u>
DATE REC'D BY LOCAL REG. <u>Mar. 7 1950</u>	REGISTRAR'S SIGNATURE <u>Edward Ballentine</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Crystal City</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

05010

DATE RECEIVED 5-11-50
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

36011

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 Amley C. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal 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.