

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D. Dixon
State File No. **17363**

FILED JUN 8 1950

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> <u>0552</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>227 E. Clayton</u>		d. STREET ADDRESS (If rural, give location) <u>227 E. Clayton</u>	
3. NAME OF DECEASED a. (First) <u>JUSTIN</u> b. (Middle) <u>CLARK</u> c. (Last) <u>HILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr - 23 - 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 6 - 1866</u>
9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>17</u> IF UNDER 4 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Self & wife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kalbrock Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Hill</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Martin</u>		13c. NAME OF HUSBAND OR WIFE <u>Mary P. Hill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs George M. Kenzie Brookfield 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism - thrombotic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of prostate</u>		<u>177X</u>	
19a. DATE OF OPERATION <u>April 1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>Reaction prostate with Ca of prostate</u>	
19c. 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1947</u> , to <u>April 23, 1950</u> , that I last saw the deceased alive on <u>April 21, 1950</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John R. Dixon</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>4-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-26-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Erwin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Funeral Home Brookfield Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *J. A. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.