

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1950

19182

State File No.

BIRTH NO.		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6258		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cook					
b. CITY OR TOWN GERRVILLE ST. FRANCIS		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Chicago		d. STREET ADDRESS 1222 N. Ridgeway			
d. FULL NAME OF HOSPITAL OR INSTITUTION				MARCH 13 1950					
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First) b. (Middle) JUNIOR c. (Last) HILL		4. DATE OF DEATH (Month) 3 (Day) 30 (Year) 1923					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Jan. 23 1923			
9. AGE (in years last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXI DRIVER		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC WORK		11. BIRTHPLACE (State or foreign country) CHILLICOTHE MO			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GEORGE B. HILL		13b. MOTHER'S MAIDEN NAME TRASSIE CARPENTER		14. NAME OF HUSBAND OR WIFE Wanda LEE HILL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 335-18-4205		17. INFORMANT'S SIGNATURE OR NAME George B. Hill		ADDRESS Chicago 24			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Asphyxiation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 3 minutes 59 3/4				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Navy 67		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Miss. Wayne Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 13 1950 9P.m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Suicide by Carbon Monoxide					
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 Mervin E. Bowler		23b. ADDRESS 3010 S. Main St. St. Louis Mo		23c. DATE SIGNED 4/29/50		23d. LOCATION (City, town, or county) (State) Greenville Mo			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15 1950		24c. NAME OF CEMETERY OR CREMATORY Gravel Cemetery		24d. LOCATION (City, town, or county) (State) Greenville Mo			
DATE REC'D BY LOCAL REG. May 9 1950		REGISTRAR'S SIGNATURE Mabel Beasley		341		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chris S. Marshall Greenville Mo			

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED

MAY 15 1950

WAYNE CO. HEALTH CENTER

FILE No. 550-656
657

MAILED
JUN 17 1950

MAY 22 1950

MAY 22 1950

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Tris S. Mansfield

Licensed Embalmer No. 4601

P. O. Address Greenville, 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.