

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1070  
1 State File No. 19822

No. 300  
10-48

330

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5322 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dent</u>	
b. CITY OR TOWN <u>Rural Watkins</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Sherril</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		g. STREET ADDRESS <u>1/4 Mithy</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMON</u> b. (Middle) <u>O</u> c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-50</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 25 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Caddock Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William G. Hill</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah K. Caddock</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>Spanish-Am.</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Elise R. Lide</u>		ADDRESS <u>St. Louis 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</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 <u>NI</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NI</u>	
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) <u>NI</u>		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>May</u> , 19 <u>49</u> , to <u>June 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June</u> , 19 <u>50</u> , and that death occurred at <u>1:15 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Lulee Kariball</u> (Degree or title)		23b. ADDRESS <u>Licking Mo</u>	
23c. DATE SIGNED <u>6-3-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Spring Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u>	
DATE REC'D BY LOCAL REG. <u>June 16, 1950</u>		REGISTRAR'S SIGNATURE <u>M. M. Hunt</u>	
25. ADDRESS _____		26. (Licensed Embalmers' Statement on Reverse Side)	

334X

RECEIVED 6-19-50  
District Health Officer No. 5,  
District File Number 650346  
Date Filed 6-19-50

JUN 29 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.....

Student Embalmer No. ....

working under my personal supervision.

Signed

*Hubert E. Ferguson*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3945*

P. O. Address

*Living 7th*

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.