

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26920**

3267

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 40 Yrs		3238	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If rural, give location) 1815 Norton	

3. NAME OF DECEASED a. (First) Mamie b. (Middle) A. c. (Last) Hill			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 29, 1870		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Days IF UNDER 10 Min. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Thomas J. Armstrong		13b. MOTHER'S MAIDEN NAME Elizabeth Parker		14. NAME OF HUSBAND OR WIFE Thomas W. Hill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Neal Hill ADDRESS 1815 Norton	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebrovascular accident - thrombotic Left Hemisphere - + Dehydration + Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis with arteriosclerotic heart disease DUE TO (c) disease		INTERVAL BETWEEN ONSET AND DEATH 4200	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 3-28-50, 1950, to 7-30, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE OF E. ROBERT NIGRO, M.D. (Degree or title)		23b. ADDRESS 925 Argyle Bldg. K.C. Mo		23c. DATE SIGNED 7-31-50	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 8/1/50		24c. NAME OF CEMETERY OR CREMATORY Lees Summit Ceme.		24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri	
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DATE REC'D BY LOCAL REG. 7-31-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons ADDRESS 4139 Truman Rd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *John B. Cooper*
Licensed Embalmer No. *2955*
P. O. Address *R.C. 5th*

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.