

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32304

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 4474		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY SALINE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SALINE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SWEET SPRINGS		c. LENGTH OF STAY (In this place) ENTIRE LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SWEET SPRINGS		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION 303 E. MARSHALL				d. STREET ADDRESS (If rural, give location) 303 E. MARSHALL			
3. NAME OF DECEASED (Type or Print)		a. (First) JUNIUS		b. (Middle) TAYLOR		c. (Last) HILL	
4. DATE OF DEATH		(Month) Oct		(Day) 5		(Year) 50	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH Nov-21-1878		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months 11 Days 16 IF UNDER 24 HRS: Hours 16 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY PRODUCE & COAL		11. BIRTHPLACE (State or foreign country) SALINE COUNTY, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Quintus Wm. Marshall Hill		13b. MOTHER'S MAIDEN NAME ELIZABETH REAVIS		14. NAME OF HUSBAND OR WIFE MARGARET MARY HILL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. J. T. Hill, Sweet Springs, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with decompensation. ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Generalized arteriosclerosis 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 4501	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. 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) (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 Sept 18 1949 to 5 Oct 1950 , that I last saw the deceased alive on 3 Oct 1950 , and that death occurred at 2:28 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ralph A. Jones M.D.				23b. ADDRESS Sweet Springs, Mo		23c. DATE SIGNED 6 Oct 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-8-50		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.		24d. LOCATION (City, town, or county) (State) SWEET SPRINGS, Mo	
DATE REC'D BY LOCAL REG. 10/7/50		REGISTRAR'S SIGNATURE Dolly Andrew		25. FUNERAL DIRECTOR'S SIGNATURE L. F. Parker		ADDRESS Sweet Springs, Mo	

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

0970
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RECEIVED 10-9-50

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 10-9-50 -----

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 *L. H. Parker* -----

Licensed Embalmer No. *3840* -----

P. O. Address *Sweet Springs, 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.