S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40770

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 7002 Registrar's No. 5178

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 18yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 3208
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1007 Newton

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3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Irwin
c. (Last): Hill

4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec 15, 1861
9. AGE (In years last birthday): 88
If under 1 year: Months / Days
If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Ben F. Irwin
13b. MOTHER'S MAIDEN NAME: Hansell
14. NAME OF HUSBAND OR WIFE: Squire Anderson Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Wm. Burton
ADDRESS: 1007 Newton

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

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.

331 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 15, 1950, *to* Dec. 6, 1950, *that I last saw the deceased alive on* Dec. 6, 1950, *and that death occurred at* 11:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. I. Burns, M.D. (Degree or title)
23b. ADDRESS: 24th & Cherry
23c. DATE SIGNED: 12-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-9-50
24c. NAME OF CEMETERY OR CREMATORY: Appleton City
24d. LOCATION (City, town, or county) (State): Appleton City, Mo.

DATE REC'D BY LOCAL REG.: 12-8-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: C. H. Blackman & Son
ADDRESS: K. C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

A. Johnson

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 W. C. Rime, working under my personal supervision.

Student Embalmer No. 409

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, Mo.

Signed W. C. Rime
Student Embalmer

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.