

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4404**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5444** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Athens</b>	c. LENGTH OF STAY (In this place) <b>2 yr.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Darlington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gentry County Home</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Harvey</b> c. (Last) <b>Hill</b>	4. DATE OF DEATH (Month) <b>Feb.</b> (Day) <b>3</b> (Year) <b>1951</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>3/28-1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b>0</b> Mins. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Filly Station</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>operator</b>	11. BIRTHPLACE (State or foreign country) <b>Gentry Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Wm Pily Hill</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Divorced</b>
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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 <b>Fred Hill Stapertery Mo</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Endocarditis</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>	
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 1, 1950**, to **Feb. 3, 1951**, that I last saw the deceased alive on **Feb. 2, 1951**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. F. Pray, D.O.</b>	(Degree or title)	23b. ADDRESS <b>Albany Mo</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2/5/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose</b>	24d. LOCATION (City, town, or county) (State) <b>Darlington Mo</b>
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DATE REC'D BY LOCAL REG. <b>Feb 6-1951</b>	REGISTRAR'S SIGNATURE <b>Edith Childs</b>	430	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ediff Brock</b>	ADDRESS <b>Albany Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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380



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.....

Licensed Embalmer No. 3329

P. O. Address Albany 9MO

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.