

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15800**

FILED JUN 6 1951

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **150**

0142

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

1. PLACE OF DEATH a. COUNTY Callaway b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton c. LENGTH OF STAY (in this place) 3 yrs + d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp #101			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY MONTGOMERY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Truxton 0700 d. STREET ADDRESS (If rural, give location) 1				
3. NAME OF DECEASED (Type or Print) ETTA a. (First) ETTA b. (Middle) MAY c. (Last) HILL		4. DATE OF DEATH (Month) (Day) (Year) May 27, 1951					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Oct. 3, 1894	9. AGE (In years last birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (State or foreign country) Montgomery Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Hudson Hill		13b. MOTHER'S MAIDEN NAME Rosanna Colbert		14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital records Fulton Mo			
MEDICAL CERTIFICATION							
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.				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 4221			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)		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>12/30/47</u>, 19<u>47</u>, to <u>May 27</u>, 19<u>51</u>, that I last saw the deceased alive on <u>May 27</u>, 19<u>51</u>, and that death occurred at <u>5:35 P.m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. J. Miller MD by Ralf Hanks MD			23b. ADDRESS State Hosp. Fulton Mo		23c. DATE SIGNED 5/27/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-30-1951	24c. NAME OF CEMETERY OR CREMATORY Pin Oak		24d. LOCATION (City, town, or county) (State) Montgomery Co Mo		
DATE REC'D BY LOCAL REG. June 3-1951		REGISTRAR'S SIGNATURE Maritta Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blair & Jones Bellflower Mo			

File No.

DISTRICT HEALTH OFFICE NO. 1

JUN 4 1951

RECEIVED

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 _____

[Signature]

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clarence A. Jones*

Licensed Embalmer No. *2978*

P. O. Address *Bellflower, Ind.*

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.