

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17230

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 5704		Registrar's No. 58					
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheeling				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheeling 0590							
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) None							
3. NAME OF DECEASED (Type or Print)		a. (First) Henry		c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1951					
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 30, 1868					
9. AGE (In years last birthday) 82		10. MONTHS 6		11. DAYS 7		12. IF UNDER 18 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Ret.				10b. KIND OF BUSINESS OR INDUSTRY Own farm							
11. BIRTHPLACE (State or foreign country) Freeburg, Ill				12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Whilam Hill				13b. MOTHER'S MAIDEN NAME Rebecca Hainthorn							
14. NAME OF HUSBAND OR WIFE Nora Adaline Hill											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. xx							
17. INFORMANT'S SIGNATURE OR NAME Lawrence Hill				ADDRESS Wheeling, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 4 days			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 491X							
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 May 4, 1951, to May 7, 1951, that I last saw the deceased alive on May 7, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.											
23a. SIGNATURE H. A. Bryan (Deputy or title)				23b. ADDRESS Wheeling, Mo.		23c. DATE SIGNED 5-8-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Houston		24d. LOCATION (City, town, or county) (State) Houston, Missouri					
DATE REC'D BY LOCAL REG. 5/8/51		REGISTRAR'S SIGNATURE Frances B. Neill		171		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Jordan - Clifton, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten signature



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.

Student Embalmer No.

Signed *Charles Jordan*

Signed
Student Embalmer

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.