

FILED JUN 30 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19689**

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **66**

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs	
c. LENGTH OF STAY (in this place) 23 years		d. STREET ADDRESS (If rural, give location) 824 Isley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hosp.			

3. NAME OF DECEASED a. (First) JOHN b. (Middle) FRANKLIN c. (Last) HILL			4. DATE OF DEATH (Month) (Day) (Year) JUNE 2nd 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 11-1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Hours Mins. 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Business	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Conway, MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James Hill	13b. MOTHER'S MAIDEN NAME Nancy Upchurch	14. NAME OF HUSBAND OR WIFE Willa Lee Hill, Esq.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes W W I	16. SOCIAL SECURITY NO. yes	17. INFORMANT'S SIGNATURE OR NAME Willa Lee Hill, Esq. ADDRESS 824 Isley, Excelsior Springs

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fat embolism (Central)		INTERVAL BETWEEN ONSET AND DEATH 20 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) Fracture - Right Tibia - Fibula		
	DUE TO (c) Diabetes Mellitus -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20 years			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9030 20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 22 May 1951 8 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in home -
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22. I hereby certify that I attended the deceased from **6/22**, 19**51**, to **6-2**, 19**51**, that I last saw the deceased alive on **6-2-51**, 19**51**, and that death occurred at **12:10** m., from the causes and on the date stated above.

23a. SIGNATURE Caroline Hutchings (Degree or title) MO. Excelsior Springs MO	23b. ADDRESS Excelsior Springs MO	23c. DATE SIGNED 6/2/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 4/51	24c. NAME OF CEMETERY OR CREMATORY Forrest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, MO
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DATE REC'D BY LOCAL REG. 6/2/51	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home, Excelsior Springs ADDRESS Excelsior Springs
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(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1957

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.....
Student Embalmer

Signed James G. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs N

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.