

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40722

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1307

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 3 weeks d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry c. CITY OR TOWN Albany d. STREET ADDRESS

3. NAME OF DECEASED a. (First) William b. (Middle) C. c. (Last) Hill 4. DATE OF DEATH (Month) (Day) (Year) December 17, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH October 11, 1870 9. AGE (In years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY ret. farmer 11. BIRTHPLACE (State or foreign country) Gentry County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jessie Hill 13b. MOTHER'S MAIDEN NAME unk. 14. NAME OF HUSBAND OR WIFE Jennie Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. unk. 17. INFORMANT'S SIGNATURE OR NAME Mr. William Hill, Albany, Missouri ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ascending colon with complete obstruction Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary acute appendicitis with perforation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary embolus - sudden death

19a. DATE OF OPERATION 11-29-51 19b. MAJOR FINDINGS OF OPERATION see above - Cecostomy - Drainage for peritonitis 20. AUTOPSY? YES NO [X]

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from 11-24, 1951, to 12-17, 1951, that I last saw the deceased alive on 12-16, 1951, and that death occurred at 12:15am, from the causes and on the date stated above.

23a. SIGNATURE L.P. Serran (Degree or title) M.D. 23b. ADDRESS St. Joseph Mo 23c. DATE SIGNED 12-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 12/17/1951 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Albany, Missouri

DATE REC'D BY LOCAL REG. Dec 21, 1951 REGISTRAR'S SIGNATURE Carl C. Casuso 25. FUNERAL DIRECTOR'S SIGNATURE HEATON BOWMAN Funeral Home ADDRESS St. Joseph, Mo.

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

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.....

James B. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4531

P. O. Address 319 South 10th St. Jax

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.