No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42585

BIRTH NO. FILED DEC 20 1951 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 293

1. PLACE OF DEATH
a. COUNTY: Randoloph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCormick Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison Rural 0690
d. STREET ADDRESS (If rural, give location): 1 mile east

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Weldon
c. (Last): Hill

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-19-1905
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 11, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Monroe Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Hill
13b. MOTHER'S MAIDEN NAME: Della Overfelt
14. NAME OF HUSBAND OR WIFE: Lillian Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lillian Hill, Madison, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Penumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Brain injury (traumatic) — 3 days
DUE TO (c): E9361

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
3

19a. DATE OF OPERATION: 12-8-51
19b. MAJOR FINDINGS OF OPERATION: Fractured skull left side causing massive brain damage
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 069
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-8-51 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Lunb fell from tree

22. *I hereby certify that I attended the deceased from* 12-8-51, 19__, *to* 12-11-51, 19__, *that I last saw the deceased alive on* 12-11-51, 1951, *and that death occurred at* 3:04A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. McCormick D.O.F.
23b. ADDRESS: 300½ West Reed St, Moberly, Mo.
23c. DATE SIGNED: 12-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-1951
24c. NAME OF CEMETERY OR CREMATORY: Madison Cemty.
24d. LOCATION (City, town, or county) (State): Madison, Mo.

DATE REC'D BY LOCAL REG.: 12-13-51
REGISTRAR'S SIGNATURE: 269 [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Barkelew-Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 7 1951

Date Received: DEC 1 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-
Date Filed: DEC 1 8 1951

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 .....
....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed O W Hawkins

Licensed Embalmer No. 3498

P. O. Address Silver Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.