

No. 3001 MAR 31 1952

10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8151

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 78

1. PLACE OF DEATH a. CITY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>10 min</u>		d. STREET ADDRESS (If rural, give location) <u>222 W Grand St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wegel Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>X</u> c. (Last) <u>HILL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 26 1952</u>
------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 31 1890</u>	9. AGE (In years) (If under 1 year last birthday) Months Day <u>61 7 27</u>	10. IF UNDER 1 YEAR Hours Min. <u>7 27</u>
--------------------	-------------------------------	-----------------------------------------------------------------------------	--------------------------------------	-----------------------------------------------------------------------------	--------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>HENRY Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
------------------------------------------------------------------------------------------------------------	-----------------------------------	--------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>WM HILL</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy J PARKS</u>	14. NAME OF HUSBAND OR WIFE
-----------------------------------	------------------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>492-14-7564</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dave Hill</u> ADDRESS <u>Clinton Mo</u>
----------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	------------------------------------------------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>internal hemorrhage</u> DUE TO (c) <u>chest crushed</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	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 <u>8300-32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	-------------------------------------------------	-----------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Christian church</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry Mo</u>
----------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 26 52 1130A</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crushed between coal truck & church wall</u>
----------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to 3-26, 1952, that I last saw the deceased alive on 3-26, 1952, and that death occurred at 12 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R J Powell</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>3/26/52</u>
----------------------------------------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOGAN CEM</u>	24d. LOCATION (City, town, or county) (State) <u>HENRY Co Mo</u>
--------------------------------------------------------	--------------------------	-----------------------------------------------------	------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>MAR 28 52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Consoledo</u> ADDRESS <u>Clinton Mo</u>
-------------------------------------------	---------------------------------------------	---------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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 Eugene R. Conzelman

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.