

FILED MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15571

BIRTH NO.		REG. DIST. NO. 32	PRIMARY REG. DIST. NO. 5111	Registrar's No. 217
1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY BOLLINGER		
b. CITY (If outside corporate limits, write RURAL and give township) RURAL LIBERTY TWP. LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) RURAL LIBERTY TWP.		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) NEAR BUTESVILLE 0090		
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR BUTESVILLE				
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)	b. (Middle) HILL	c. (Last)
4. DATE OF DEATH 5-10-52				
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1-13-1862	9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 3 IF UNDER 28 HRS. Days 27 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BOLLINGER Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JACOB SHELL		13b. MOTHER'S MAIDEN NAME ELIZABETH HOWEL	14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ARTHUR HILL, BUTESVILLE 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy ANTECEDENT CAUSES Hardening arteries Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age 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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) Butesville Bollinger Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from Jan 10, 1952 to May 10, 1952 that I last saw the deceased alive on May 10, 1952 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE J. M. Timney M.D.		23b. ADDRESS Caplin		23c. DATE SIGNED May 14 1952
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-14-52	24c. NAME OF CEMETERY OR CREMATORY BAKER CEM.	24d. LOCATION (City, town, or county) (State) Butesville Mo.	
DATE REC'D BY LOCAL REG. May 14 1952	REGISTRAR'S SIGNATURE Willie Vandenburg	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME	ADDRESS BUTESVILLE Mo.	

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

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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.

Signed.....

A. J. Baker

Signed.....

Student Embalmer

Licensed Embalmer No.

3575

P. O. Address.....

Tiptonville, 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.