

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1952 REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Pittsville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Odessa, MO.</i>	
c. LENGTH OF STAY (In this place) <i>2 weeks</i>		d. STREET ADDRESS (If rural, give location) <i>0540</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <i>Minnie</i> b. (Middle) <i>Belle</i> c. (Last) <i>Hill</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 27, 1952</i>		
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	
8. DATE OF BIRTH <i>Aug. 5 1869</i>		9. AGE (In years last birthday) <i>82</i>		10. MONTHS <i>9</i> DAYS <i>22</i> HOURS <i>11</i> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Meredith Rice</i>		13b. MOTHER'S MAIDEN NAME <i>Cathryn Nelson</i>		14. NAME OF HUSBAND OR WIFE <i>Jack Lee Hill</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>NO.</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Kathryn Blevans</i> ADDRESS <i>Odessa MO</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis Chronic</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <i>Nephritis Chronic</i>			
DUE TO (c) <i>Senility</i>		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death <i>Arteriosclerosis</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>442X</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Odessa</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 *Sept. 1951*, to *May 27, 1952*, that I last saw the deceased alive on *May 26, 1952*, and that death occurred at *4:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J.B. Barber M.D.</i> (Degree or title)		23b. ADDRESS <i>Odessa Mo.</i>		23c. DATE SIGNED <i>5/28/52</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>may 29, 1952</i>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <i>Pittsville Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Pittsville MO</i>					

DATE REC'D BY LOCAL REG. <i>6-2-1952</i>		REGISTRAR'S SIGNATURE <i>Mrs. James Redford</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Husman Sparks</i> ADDRESS <i>Odessa MO</i>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
JUN 6 1952  
JOHNSON COUNTY HEALTH DEPT

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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *William T. Sparks*

Licensed Embalmer No. # 4431

P. O. Address *Odessa, 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.