

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25430

BIRTH NO.		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3057		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Ray <i>0891</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray <i>1891</i>			
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Richmond <i>0</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 664 E. Main St.				d. STREET ADDRESS (If rural, give location) 664 E. Main St.			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle) CALVIN		c. (Last) HILL	
4. DATE OF DEATH July 26, 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 14, 1866		9. AGE (In years last birthday) 85	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) Ray County, Mo. <i>0</i>				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Elijah Preston Hill		13b. MOTHER'S MAIDEN NAME Nancy Ellen Richard		14. NAME OF HUSBAND OR WIFE Addie Holman			
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 ADDRESS Mrs. Addie Hill, Richmond, Mo.			
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypostatic Pneumonia DUE TO (b) 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 5 yrs. 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 4221				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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June 10, 1948 , to July 26, 1952 , that I last saw the deceased alive on July 26, 1952 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. E. G. Revan				23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 7/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Old Union Cemetery		24d. LOCATION (City, town, or county) (State) Lawson, Mo.	
DATE REC'D BY LOCAL REG. July 29-1952		REGISTRAR'S SIGNATURE Malcol Jackson <i>273-0</i>		25. FUNERAL DIRECTOR'S SIGNATURE Thurmond Juncal Home		ADDRESS Richmond, 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, W. L. Thurman

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.