.300
.48

FILED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28535

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3020 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Festus
c. LENGTH OF STAY (in this place) 24yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Festus 0502
d. STREET ADDRESS (If rural, give location) 206 South Mill Street

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) M.
c. (Last) Hill

4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1952

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 3, 1886

9. AGE (In years last birthday) 66 — If under 1 year: Months 4 Days 13 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General farming

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Dunklin, County 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Hill

13b. MOTHER'S MAIDEN NAME Nettie McDermitt

14. NAME OF HUSBAND OR WIFE Anna Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs William Hill — **ADDRESS** Festus, 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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) hypertension — 5-6 years

DUE TO (c) Congestive Heart disease

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 4201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 19 51, *to* Aug 16, 19 52, *that I last saw the deceased alive on* Aug 16, 19 52, *and that death occurred at* 3:55P m., *from the causes and on the date stated above.*

23a. SIGNATURE Clifton B. Hurst M.D. (Degree or title)

23b. ADDRESS Festus

23c. DATE SIGNED 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 19, 52

24c. NAME OF CEMETERY OR CREMATORY Camel Cemetery

24d. LOCATION (City, town, or county) (State) Festus, Missouri

DATE REC'D BY LOCAL REG. Aug. 19, 52

REGISTRAR'S SIGNATURE Gentry C. Pollitte

25. FUNERAL DIRECTOR'S SIGNATURE Gentry C. Pollitte — **ADDRESS** Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED AUG 26 1952

SEP 3 1952

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 Gustav C. Politte

Signed.....
Student Embalmer)

Licensed Embalmer No. 3481

P. O. Address Crystal City, M

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

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