

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39519

State File No.

No. 300
10.48
NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt</u>		c. LENGTH OF STAY (in this place) <u>28 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Del.</u>		e. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizah</u>		b. (Middle) <u>H.</u>	
c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 5, 1868</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 12 HRS. Hours <u>4</u>	IF UNDER 24 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Capi County, Miss.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Hill</u>	
13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Hill</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Teela Jackson, Gen. Del.</u>		ADDRESS <u>Wyatt, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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.) <u>15</u>		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 <u>Nov 1, 1952</u> to <u>Nov 9, 1952</u> that I last saw the deceased alive on <u>Nov 9, 1952</u> and that death occurred at <u>7:00 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. P. Fentles D.O.</u>		23b. ADDRESS <u>Wyatt, Mo</u>	
23c. DATE SIGNED <u>11-13-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		DATE REC'D BY LOCAL REG. <u>11-13-52</u>	
REGISTRAR'S SIGNATURE <u>Dean Jackson</u>		4800	
25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>		ADDRESS <u>Charleston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed NOV 21 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3457

P. O. Address Cap. Gordon

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.

Wm. B. F.