

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42662**

FILED JAN 3 1953

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 92

5092

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Festus		c. CITY (If outside corporate limits, write RURAL and give township) Festus	
c. LENGTH OF STAY (In this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 402 S. 4th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 S. 4th			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Madison c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1881
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 10 Days 17	IF UNDER 6 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Storekeeper		10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (City and State or Foreign Country) Carterville, Illinois
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Hill		13b. MOTHER'S MAIDEN NAME Sarah E. Davis		14. NAME OF HUSBAND OR WIFE Myrtle Hill	
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 Mrs. Myrtle 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 18 mo.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) with decompensation			
		DUE TO (c) 442X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		cirrhosis of liver		should have	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR NONE	

22. I hereby certify that I attended the deceased from **7-17-1951** to **Dec. 19, 1952**, that I last saw the deceased alive on **Dec. 17, 1952**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O.		23b. ADDRESS 112 Mississipp. Ave. Crystal City, Mo.		23c. DATE SIGNED Dec 22/1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Festus Methodist		24d. LOCATION (City, town, or county) (State) Festus, Mo.	
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DATE RECD BY LOCAL REG. 12/22/52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinvard ADDRESS Festus, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.
DEC 31 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 Donald H. Vinyard

Licensed Embalmer No. 4608

P. O. Address Festus, 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.