

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **309**

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			c. LENGTH OF STAY (in this place) <u>8 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			<u>0117</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1309 No. 4th St.</u>				d. STREET ADDRESS (If rural, give location) <u>1309 No. 4th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVELYN</u>		b. (Middle) <u>MADALINE</u>		c. (Last) <u>HILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 15, 1934</u>		9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Owen Ginn</u>		13b. MOTHER'S MAIDEN NAME <u>Madaline Haster</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Hill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>500-34-7399</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Hill, 1309 N. 4th, City</u>			
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						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fatal gunshot wound in the left chest.</u>						
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) <u>Woman was accidentally shot</u>						<u>E9190</u> <u>19</u>
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>and killed by her husband, while he was fooling with a</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>22 caliber target rifle. Woman was dead on arrival at Missouri Methodist Hospital</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-9-53 4:00P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental discharge of a rifle.</u>			
22. I hereby certify that I attended the deceased from <u>Jan 9, 1953</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>				23b. ADDRESS <u>St. Joseph Mo.</u>		23c. DATE SIGNED <u>1-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 20, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beatrice Gray 812 Pacific St</u>			

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

0117
1

JAN 30 1963

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 Earl A. Clark.....

Licensed Embalmer No. 4238.....

P. O. Address St. Joseph 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.