U.S. No. 300
Rev. 10.48

FILED MAR 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6839

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakwood
c. LENGTH OF STAY (in this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1521 Viley St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal (Oakwood) 0644
d. STREET ADDRESS (If rural, give location): 1521 Viley St.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): ELMER
c. (Last): HILL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1953

5. SEX: male (1)
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 24, 1875
9. AGE (In years last birthday): 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): plasterer
10b. KIND OF BUSINESS OR INDUSTRY: Contracting
11. BIRTHPLACE (City and State or Foreign Country): Brashear, Missouri (1)
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Hill
13b. MOTHER'S MAIDEN NAME: Susan McQuinn
14. NAME OF HUSBAND OR WIFE: Caroline M. Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Caroline Hill, Oakwood, 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) Myocardial failure with hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 14 days
DUE TO (c) Paralysis agitans — 6 years.

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: 350 X
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* June, 1947 *to* Feb 26, 1953 *that I last saw the deceased alive on* Feb 26, 1953 *and that death occurred at* 1:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. E.A. Porter B.Sc.D.O.
23b. ADDRESS: 412 Center St. Hannibal, Mo.
23c. DATE SIGNED: 2/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/28/53
24c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 2/27/53
REGISTRAR'S SIGNATURE: H.C. Fisher, H.E. McLucke Deputy 189
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jack Schwartz - Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 3 1953
MARION CO. HEALTH DEPT.
DATE FILED MAR 3 1953

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 Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hannibal, 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.