

STANDARD CERTIFICATE OF DEATH

State File No. _____

1281

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>CAROL</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Berryville</u> <u>8030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u> | | d. STREET ADDRESS <u>8 N</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>B.</u> c. (Last) <u>Hill</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 2 1869</u> <u>8783</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Leona Hill</u> | | 17. ADDRESS <u>Berryville Ark</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Retroperitoneal Pelvic Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Fracture Pelvis</u> 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 | |
| 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>Highway</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 1 1953</u> <u>1:45</u> <u>P</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>3 car Collision</u> | | 21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville</u> <u>CASS,</u> <u>MO</u> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:55 P</u> m., from the causes and on the date stated above. | | 23. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u> | |
| 23a. ADDRESS <u>1034 Rialto Bldg</u> | | 23b. DATE SIGNED <u>3-3-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3-3-53</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Burquille</u> | | 24d. LOCATION (City, town, or county) (State) <u>Burquille Arkansas</u> | |
| DATE REC'D BY LOCAL REG. <u>3-3-53</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev Newcomers</u> | | ADDRESS <u>San Francisco City</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAR 27 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

Robert E. Korman

Licensed Embalmer No. 4849

P. O. Address K. P. 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.