

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12951**

FILED APR 6 1953

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4482** Registrar's No. **16**

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

1. PLACE OF DEATH a. COUNTY SCOTLAND		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE Mo b. COUNTY SCOTLAND	
b. CITY OR TOWN MEMPHIS		c. CITY OR TOWN MEMPHIS	
c. LENGTH OF STAY (In this place) 5 YRS		d. STREET ADDRESS (If rural, give location) J	
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) BELL	c. (Last) HILL	4. DATE OF DEATH (Month) (Day) (Year) MCH 26 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 4, 1868	9. AGE (In years last birthday) 84	10. MONTHS 84	11. DAYS 84	12. HOURS 84	13. MIN. 84
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KEOSAUQUA IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS PRALL	13b. MOTHER'S MAIDEN NAME ELIZABETH ELLIS	14. NAME OF HUSBAND OR WIFE JACK HILL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Earl Garrett	ADDRESS MEMPHIS Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis and Valvular		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart disease		
	DUE TO (c)		
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4214
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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?
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22. I hereby certify that I attended the deceased from **12/9, 1952** to **3/6, 1953**, that I last saw the deceased alive on **3/6, 1953**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Baker MD	(Degree or title) MD	23b. ADDRESS Memphis Mo	23c. DATE SIGNED 3/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-28-1953	24c. NAME OF CEMETERY OR CREMATORY CANTRIL	24d. LOCATION (City, town, or county) (State) CANTRIL IOWA
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DATE REC'D BY LOCAL REG. 4/3/53	REGISTRAR'S SIGNATURE Vera G. Turner	25. FEDERAL DIRECTOR'S SIGNATURE H. W. ...	ADDRESS Memphis Mo
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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

Neal Payne

Licensed Embalmer No. *2550*

P. O. Address

Memphis 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.