S. No. 300
v. 10.48

FILED APR 16 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13668

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 98

0264
3

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

**1. PLACE OF DEATH**
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): Years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near R.R. Tracks. North end of Madison St

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
d. STREET ADDRESS (If rural, give location): 626 School 0264

**3. NAME OF DECEASED** (Type or Print)
a. (First): Arthur
b. (Middle): O.
c. (Last): Hill

**4. DATE OF DEATH** (Month) (Day) (Year): April 9-1953

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: about 1885
**9. AGE** (In years last birthday): 68 — 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): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Various
**11. BIRTHPLACE** (City and State or Foreign Country): Callaway Co. Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: W. Wiseman — ADDRESS: 626 School

**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): Fractured Skull

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

E9028

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
45
121

**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): North End
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Madison St
**21c. CITY, TOWN, OR TOWNSHIP** (COUNTY) (STATE): Jefferson City Cole Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): April 9-1953 11:45 A.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Fell off a wall as coroner

22. *I hereby certify that I attended the deceased from* April 9, 1953, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:40 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J G Bruce MD
**23b. ADDRESS**: 234 Madison Jefferson City Mo
**23c. DATE SIGNED**: 4-14-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 14, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Colored
**24d. LOCATION** (City, town, or county) (State): New Bloomfield Mo.

**DATE REC'D BY LOCAL REG.**: April 15-53
**REGISTRAR'S SIGNATURE**: R. P. Dorris MD 68 NR
**25. FUNERAL DIRECTOR'S SIGNATURE**: Robinson Serv — J. C. Mo. — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

## 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 _____

Licensed Embalmer No. 3641

P. O. Address _____

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.