

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **16711**

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1271 So. Redman		d. STREET ADDRESS (If rural, give location) 1271 So. Redman	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) James c. (Last) Hill			4. DATE OF DEATH (Month) (Day) (Year) April 14 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6-1874	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR: Months 11 Days 8 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Made Bread		11. BIRTHPLACE (City and State or Foreign Country) Unknown-England	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Edward Hill	13b. MOTHER'S MAIDEN NAME Ella Simpson	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-09-8930	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gordon Maupin-Marshall, Mo.	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis heart dis DUE TO (c) _____		10 yrs
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 _____	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) 4200
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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 **March 10, 1953**, to **July 11, 1953**, that I last saw the deceased alive on **July 11, 1953**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Maupin E. Roche M.D. (Degree or title)	23b. ADDRESS Marshall, Missouri	23c. DATE SIGNED July 14, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 4/16/53	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem	24d. LOCATION (City, town, or county) (State) Bevier - Mo.
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DATE REC'D BY LOCAL REG. 4-14-1953	REGISTRAR'S SIGNATURE Sidney T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE H. G. Edwards	ADDRESS Bevier, Mo.
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(Licensed Embalmer's Statement of Reverse Side)

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

 1972
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45-14-

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 _____

J. Leslie Swenson

Licensed Embalmer No. *2275*

P. O. Address *Marshall, 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.