

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17384

State File No. _____

FILED MAY 26 1953

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 2278 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Canton rural</u>	c. LENGTH OF STAY (In this place) <u>17 yrs.</u>	c. CITY OR TOWN <u>Canton rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hickson</u>		d. STREET ADDRESS (If rural, give location) <u>0230</u>	

3. NAME OF DECEASED (Type or Print) <u>Claude</u>	a. (First) <u>Claude</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Hill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1953</u>
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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 26 - 1873</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTH <u>8</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francisville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Etna Belle Hill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Etna Belle Hill</u>	ADDRESS <u>Canton</u>
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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 <u>5 days</u> <u>2 Weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>URemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</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 <u>332x</u>	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) _____
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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 May 2 1953, to May 13, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas J. Davis M.D.</u>	23b. ADDRESS <u>Canton Mo.</u>	23c. DATE SIGNED <u>May 15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/20-53</u>	REGISTRAR'S SIGNATURE <u>J. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan</u>	ADDRESS <u>Kahoka Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Oliver P. Lettner

Licensed Embalmer No. 2965

P. O. Address Peru, 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.