

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18379

FILED MAY 19 1953

State File No. _____
Registrar's No. 797

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4238		State File No. _____		Registrar's No. 797						
1. PLACE OF DEATH a. COUNTY Jackson					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner			7000						
d. FULL NAME OF HOSPITAL OR INSTITUTION at her own home					d. STREET ADDRESS (If rural, give location) 0									
3. NAME OF DECEASED (Type or Print) a. (First) Cornelia b. (Middle) Hill c. (Last) Hill			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1953			5. SEX F		6. COLOR OR RACE Wb.						
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 22, 1876		9. AGE (In years last birthday) 76		Months 7		Days 9						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson County Mo		12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME David Elliott			13b. MOTHER'S MAIDEN NAME Millie Ray			14. NAME OF HUSBAND OR WIFE Edward H. Hill								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward H. Hill Buckner										
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, ashenia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia Coronary Thrombosis DUE TO (b) Hypertension DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4209						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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)										
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?										
22. I hereby certify that I attended the deceased from Jan 1, 1953 to 5-1, 1953, that I last saw the deceased alive on 5-1, 1953, and that death occurred at 1:45 P. m., from the causes and on the date stated above.														
23a. SIGNATURE L. W. Huggins (Degree or title)				23b. ADDRESS Buckner Mo			23c. DATE SIGNED 5-2-53							
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery, Buckner, Mo.		24d. LOCATION (City, town, or county) (State)								
DATE REC'D BY LOCAL REG. 5-3-53		REGISTRAR'S SIGNATURE		354 FUNERAL DIRECTOR'S SIGNATURE Hazel H. Rappert		ADDRESS Buckner, Mo.								

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 Ralph O Jones
Licensed Embalmer No. 4604

P. O. Address Buckner,

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.