No. 300
10.48

FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18766

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795 Registrar's No. 53

80

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

1. PLACE OF DEATH
a. COUNTY: Moniteau RR #3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA, RURAL, PILOT GROVE
d. STREET ADDRESS (If rural, give location): PILOT GROVE TWN. #3 0680 0

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) JANETTE c. (Last) HILL

4. DATE OF DEATH (Month) (Day) (Year): MAY 20, 1953

5. SEX: Female
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 10, 1893
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 1, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): MONITEAU COUNTY 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH H. IREY
13b. MOTHER'S MAIDEN NAME: MARY HYATT
14. NAME OF HUSBAND OR WIFE: BRYSE HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: BRYSE HILL, CALIFORNIA, MO. RR#3

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) Arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) apoplexy

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: 17 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334x
20. AUTOPSY? YES ☐ NO ☐

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): Pilot Grove twp Moniteau MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1936, *to* May 20, 1953, *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. J. Banion D.O.
23b. ADDRESS: California
23c. DATE SIGNED: 5/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/22/53
24c. NAME OF CEMETERY OR CREMATORY: NEW CITY CEMETRY
24d. LOCATION (City, town, or county) (State): CALIFORNIA, MONITEAU, MO.

DATE REC'D BY LOCAL REG.: 6-1-53
REGISTRAR'S SIGNATURE: Mrs F. W. Scott - Deputy 201-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WILLIAMS FUNERAL HOME, CALIFORNIA, MO.

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1953

JUN 1 3 1953

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California Me

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

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