

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20897

FILE JUN 22 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Calloway</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>174-9M-8</u>	c. CITY OR TOWN <u>Clarkburg</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No 1</u>		e. STREET ADDRESS (If rural, give location) <u>0680</u>	

3. NAME OF DECEASED (Type or Print) <u>CLARENCE S HILL</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 28 1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR (Months) <u>9</u>	IF UNDER 24 HRS. (Days) <u>16</u>	IF UNDER 2 HRS. (Hours) _____	IF UNDER 15 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Mechanic auto</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jesse Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Mellie Saffington</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>
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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) <u>NA</u>	16. SOCIAL SECURITY NO. <u>MO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DW Reader</u>	ADDRESS <u>State Hosp Fulton</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parasites</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>025X</u> 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6-1-53 to 6-14-53, that I last saw the deceased alive on 6-14, 1953, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.C. Caldwell</u> (Degree or title) _____	23b. ADDRESS <u>MO</u>	23c. DATE SIGNED <u>6-14-53</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 16-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring Garden Eugene Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>June 14-1953</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Funeral Home</u> ADDRESS <u>Russellville MO</u>
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WRITE PLAINLY USING 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 e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *G. N. Stephens*.....

Licensed Embalmer No... 7

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be stated above.