

FILED AUG 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24870
3615
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 7 months		e. STREET ADDRESS (If rural, give location) 1609 Montgall	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		3. NAME OF DECEASED a. (First) Cavor b. (Middle) Cavor Hill c. (Last)	
4. DATE OF DEATH July 19, 1953	5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept. 15, 1928	9. AGE (In years last birthday) 24	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) Solgohochia, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Monroe Hill	13b. MOTHER'S MAIDEN NAME Anna Belle Hardy	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Belle Hill Tulsa, Oklahoma	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Constriction ANTECEDENT CAUSES DUE TO (b) Trauma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 car collision	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Revtown & Sni Bar Rds.	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (a. In or about home, apartment, hotel, etc.) Revtown & Sni Bar Rds.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Missouri	
21d. TIME OF INJURY 7/19/53 1:00 PM		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Auto accident		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Thos. A. Jones		23b. ADDRESS 1612 E 12th	
23c. DATE SIGNED 7/21/53		24a. BURIAL CREMATION REMOVAL Removal	
24b. DATE 7/25/53		24c. NAME OF CEMETERY OR CREMATORY Coweta, Oklahoma	
24d. LOCATION (City, town, or county) (State) Coweta, Oklahoma		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheddling Smith 18th & Benton	
DATE REC'D BY LOCAL REG. 7-22-53		REGISTRAR'S SIGNATURE Sheddling Smith	

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

SEP 17 1964

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
Signature of Student Embalmer

Signed *Dance Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.