

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31329

State File No. _____

FILED SEP 18 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY <u>Coale</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Coale</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>820 Lafayette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 Lafayette</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>H.</u> c. (Last) <u>Hill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 - 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Mar. 9 1869</u>		9. AGE (in years last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church (also)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Georgia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or this town) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Purnell</u>		18. ADDRESS <u>J. C. Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic myocarditis + myocardial infarction + chronic capillary bronchitis + nutritional deficiency</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis + myocardial infarction + chronic capillary bronchitis + nutritional deficiency</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic capillary bronchitis + nutritional deficiency</u> DUE TO (c) <u>Anemia + general debility</u> II. OTHER SIGNIFICANT CONDITIONS <u>Anemia + general debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Aug 31 - 53</u> <u>8 years</u>	
19. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operations</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City, Coale, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>	

22. I hereby certify that I attended the deceased from Aug 31 - 1953, to Sept 13 - 1953, that I last saw the deceased alive on Aug 9th 1953, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Davis M.D.</u> (Degree or title)		23b. ADDRESS <u>422 Lafayette Jefferson City Mo.</u>		23c. DATE SIGNED <u>Sept 14 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 14 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>	
24d. LOCATION (City, town, or county) (State) <u>Pueblo, Colo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson Service</u>		24f. ADDRESS <u>J. C. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Sept 14 - 19 53</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson Service</u>	
				ADDRESS <u>J. C. Mo.</u>	

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

Coale, Mo. 9/13/53

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.

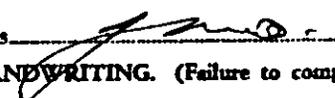
Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3641

P. O. Address _____



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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 31329

State of MO
County of Call } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 260

On this 22nd day of September, 1953, before me appears Loren Anderson

who, upon his oath, states that the original record of birth
for Joseph L Hill, died Sept 13, 1953 in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 6 should read Black
Instead of _____ white

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Loren Anderson Relationship.
Jefferson city, MO Present Address.

Subscribed and sworn to before me this 22nd day of September, 1953.

My Commission expires September 13, 1957 Betty Lou Chapman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

