

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35476

State File No.

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST., No. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 82

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>rural Watkins</u>)		c. LENGTH OF STAY (if in place) <u>2 yr 5</u>	c. CITY OR TOWN <u>Lenox</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Jane</u> c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 26/53</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 28 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	9. AGE (In years less birthday) <u>77</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Doniphan Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Lewis Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Thresia Payne</u>	
14. NAME OF HUSBAND OR WIFE <u>George Hill</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>X</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Cliff Hulsey Lenox Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & pulmonary arrest</u> ANTECEDENT CAUSES DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>Cerebral vascular accident</u> II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u> *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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 22, 1952</u> , to <u>Oct 25, 1952</u> , that I last saw the deceased alive on <u>Oct 22, 1952</u> , and that death occurred at <u>3:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. J. Myers & D.O.</u>		23b. <u>Licking, Mo</u>	
23c. DATE SIGNED <u>Oct 27, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/28/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Herman Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-29-53</u>		REGISTRAR'S SIGNATURE <u>M. Hart, M.D. by Miss 83-2</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl K Spenser Dalton Mo</u>			

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..... *Carl H. Gorman*

Licensed Embalmer No. *237*

P. O. Address *Salina, Mo.*

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.