S. No. 200
v. 10.48

2

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

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38306

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1254

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (In this place) 2 mo. 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital no 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Worthington 6560
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Hobart
c. (Last) Hill

4. DATE OF DEATH (Month) Dec (Day) 1 (Year) 1953

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb 20 1902

9. AGE (In years last birthday) 51. If under 1 year: Months 9 Days 11 If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME James Hill

13b. MOTHER'S MAIDEN NAME Tilda Daniels

14. NAME OF HUSBAND OR WIFE Rosa Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Rosa Hill **ADDRESS** Worthington, Mo

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arterio sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis

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)

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* Oct 26, 1953, *to* Dec 1, 1953, *that I last saw the deceased alive on* Nov 30, 1953, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Forrest Thomas M.D.

23b. ADDRESS St Joseph, Mo State Hosp. no 2

23c. DATE SIGNED 12/1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 12-1-53

24c. NAME OF CEMETERY OR CREMATORY Unionville, Mo

24d. LOCATION (City, town, or county) (State) Unionville, Mo

DATE REC'D BY LOCAL REG. Dec 7, 1953

REGISTRAR'S SIGNATURE Mathew M. Allison 48 S

25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home **ADDRESS** St Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1953

JAN 20 1958

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 Charles E Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.