

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38413**

FILED DEC 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <b>CALLOWAY MISSOURI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <del>MISSOURI</del> <b>MISSOURI</b> COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FULTON MISSOURI</b>		c. CITY OR TOWN <b>POPLAR BLUFF MO</b>	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) <b>20 Months</b>		e. STREET ADDRESS (If rural, give location) <b>0124</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>STATE HOSPITAL NO 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Allison</b> b. (Middle) <b>Hill</b> c. (Last) <b>Hill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec- 5th- 1953</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 25 1918</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 4 HRS. Days <b>10</b>	IF UNDER 15 MIN. Hours <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ordinary Laborer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hot Springs Ark</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Richard Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Spearman</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Not given</b>	16. SOCIAL SECURITY NO. <b>Not given</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records, Fulton Mo.</b>		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>18 Months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	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 April 8th 1953, to Dec 5th 1953, that I last saw the deceased alive on Dec 5th 1953, and that death occurred at 1:15 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J Henry Fowler M. D.</b>	23b. ADDRESS <b>Fulton Missouri</b>	23c. DATE SIGNED <b>12/5/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 9 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Marion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec 16 1953</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426 -	25. FUNERAL DIRECTOR'S SIGNATURE <b>Red J. Smith</b>	ADDRESS <b>Poplar Bluff Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Fred J. Smith*.....  
Licensed Embalmer No. *44*

P. O. Address *Poplar*.....

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 so stated above.