

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42124**

FILED DEC 28 1953

BIRTH NO.		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>1312</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>5 da</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Platt Twp.</b> <b>0020</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Parkview Nursing Home</b> <b>1006 Dewey Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>Rea, Missouri</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Francis</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Hill</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 6, 1874</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain farming</b>		11. BIRTHPLACE (State or foreign country) <b>Evansville, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>James Robert Hill</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Knowles</b>			14. NAME OF HUSBAND OR WIFE <b>Alice Hill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kenneth Hill Rea, Missouri</b>			
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) <b>Arteriosclerosis</b>  ANCECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Cerebral Hemorrhage</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS- <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 years</b>  <b>3 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>				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) m.		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 <b>March 9, 1952</b> , to <b>Dec. 21, 1953</b> , that I last saw the deceased alive on <b>Dec. 21, 1953</b> , and that death occurred at <b>5:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Esther M. Allison</i>				23b. ADDRESS <b>218 N. Seventh St. St. Joseph, Missouri</b>		23c. DATE SIGNED <b>12/23/53</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 24, 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>High Ridge</b>		24d. LOCATION (City, town, or county) (State) <b>Stanberry, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec 23, 1953</b>		REGISTRAR'S SIGNATURE <i>Esther M. Allison</i>		485 25. FUNERAL DIRECTOR'S SIGNATURE <i>Roland D. Clark</i>		ADDRESS <b>King City, Mo</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.