

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1901

FILED FEB 2 1954		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> c. LENGTH OF STAY (in this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>W. Vernon - Rural - The Hedges</u> d. STREET ADDRESS (If rural, give location) <u>Rural - Hedges Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Lilburn</u> c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 22 - 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June - 6 - 1880</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power Plant Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Power Plant</u>	
11. BIRTHPLACE (State or foreign country) <u>Near Maysville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Britain</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Emma Hill (Wife)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Hill - W. Vernon</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 d</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		331X	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/17</u> , 1954, to <u>1/22</u> , 1954, that I last saw the deceased alive on <u>7 P.M., 1/21</u> , and that death occurred at <u>12:30 A.M.</u> from the causes and on the date stated above.				23a. SIGNATURE <u>E. J. Traver</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>W. Vernon</u>	
23c. DATE SIGNED <u>1/23/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan - 24 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. Vernon City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>W. Vernon, Missouri</u>		24e. DATE REC'D BY LOCAL REG. <u>1-25-54</u>		24f. REGISTRAR'S SIGNATURE <u>Ora McNeil</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>G. O. Fassett</u>	
24h. ADDRESS <u>W. Vernon, Missouri</u>		24i. ADDRESS <u>W. Vernon, Missouri</u>		24j. ADDRESS <u>W. Vernon, Missouri</u>		24k. ADDRESS <u>W. Vernon, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

working under my personal supervision.

Student
Student Embalmer

Signed

J. L. Fossett

Student Embalmer No.

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon 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.