

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3687

State File No. _____

FILED FEB 9 1954

BIRTH MO. _____		REG. DIST. NO. <u>340</u>	PRIMARY REG. DIST. NO. <u>3075</u>	Registrar's No. <u>19</u>
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> b. CITY OR TOWN <u>Dexter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY OR TOWN <u>Dexter</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>310 So. Main</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Celia</u> b. (Middle) <u>Adeline</u> c. (Last) <u>Hillis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1954</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. 13, 1872</u>	9. AGE (In years last birthday) <u>81</u> If under 1 year: Months <u>1</u> Days <u>22</u> If under 1 mo. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired House-keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>John Skief</u>		
13b. MOTHER'S MAIDEN NAME <u>Winnie Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Hillis (Dec'd)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Julia Hillis, Dexter, Mo.</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			
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) _____	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>Jan 1950</u> to <u>2/4/54</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:35 P.</u> from the causes and on the date stated above.				
23a. SIGNATURE (Death or title) <u>John Skief</u>		23b. ADDRESS <u>Dexter Mo</u>		23c. DATE SIGNED <u>2/6/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williamsville</u>	24d. LOCATION (City, town, or county) (State) <u>Williamsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-6-54</u>	REGISTRAR'S SIGNATURE <u>John Skief</u>	4194-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u> ADDRESS <u>Dexter, Mo.</u>	

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 _____

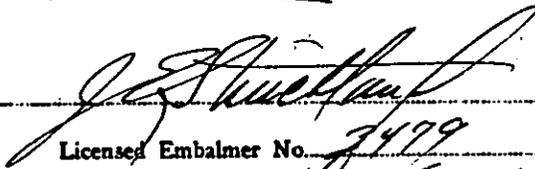
Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____



Licensed Embalmer No. 3499

P. O. Address _____

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.