

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4305**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 262 1/2 E. Broadway		d. STREET ADDRESS (If rural, give location) 262 1/2 E. Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA	b. (Middle) D.	c. (Last) HILL	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 5, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Hankins	13b. MOTHER'S MAIDEN NAME Dolly Davis	14. NAME OF HUSBAND OR WIFE William Hill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Grace Cox, 519 E.C. Ave. Excelsior Springs, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive h. ft. fail		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe arteriosclerosis DUE TO (c)		
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 4501	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4 May, 1951**, to **3 Feb, 1954**, that I last saw the deceased alive on **2 Feb, 1954**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Sanders, M.D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 5 Feb 54
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24a. BURIAL, REMA-TION, REMOVAL (Specify) Burial	24b. DATE 2-5-54	24c. NAME OF CEMETERY OR CREMATORY Old Union	24d. LOCATION (City, town, or county) (State) Rural, Lawson, Missouri
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DATE REC'D BY LOCAL REG. 2/20/54	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Claude Richard Excelsior Springs Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

