

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4877  
582

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 582

1. PLACE OF DEATH a. COUNTY: <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Kansas City</u>		c. CITY OR TOWN: <u>Kansas City</u>	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): <u>3 yrs.</u>		e. STREET ADDRESS (If rural, give location): <u>1901 Vine Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First): <u>Charles</u>		b. (Middle): <u>M</u>	
		c. (Last): <u>Hill</u>	
4. DATE OF DEATH (Month) (Day) (Year): <u>2 4 1954</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>6-22-25</u>
9. AGE (In years last birthday): <u>28</u>		IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 1 HRA: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>unknown</u>	
11. BIRTHPLACE (City and State or Foreign Country): <u>Booneville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?: <u>America</u>	
13a. FATHER'S NAME: <u>Charles H. Hill</u>		13b. MOTHER'S MAIDEN NAME: <u>Margaret Ceola Kinney</u>	
14. NAME OF HUSBAND OR WIFE: <u>none</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.: <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME: <u>Hubert H. Hill, Palat Home Mo</u>	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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the liver.</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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>5810</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) (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 2-1-54, 19  , to 2-4-54, 19  , that I last saw the deceased alive on 2-4-54, 19  , and that death occurred at 7:10 a m., from the causes and on the date stated above.

23a. SIGNATURE: <u>E. Frank Ellis MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS: <u>600 East 22nd Street</u>	23c. DATE SIGNED: <u>2-5-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>	24b. DATE: <u>Feb 5-54</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Palat Home Cem</u>	24d. LOCATION (City, town, or county) (State): <u>Palat Home Mo</u>
DATE REC'D BY LOCAL REG: <u>2-5-54</u>	REGISTRAR'S SIGNATURE: <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>Hayes &amp; Painter Funeral Home Palat</u>	
		ADDRESS: _____	

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 *Poland R. Spinks*.....

Licensed Embalmer No. *360*

P. O. Address *July 77*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.