

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1954

State File No. 5756

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 52

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| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, give RURAL and give township) <u>Moberly</u> | | c. CITY OR TOWN <u>Moberly</u> | |
| c. LENGTH OF STAY (in this place) <u>12 Days</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>709 West Coates 0885</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) _____ c. (Last) <u>Hill</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March-7-1954</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 (Month) (Day) (Year) <u>March-31-1885 68</u> |
| 9. AGE (in years last birthday) <u>68</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Warren Hill</u> | 13b. MOTHER'S MAIDEN NAME <u>Matilda Brown</u> | 14. NAME OF HUSBAND OR WIFE <u>Jennie Hill</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>702-05-3456</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jennie Hill Moberly</u> |
| | | ADDRESS <u>910</u> |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombo Lyto Peria</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. | | _____ | |

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| 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) <u>296 X</u> |

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|---|--|-------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | 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 2-24, 1954, to 3-7, 1954, that I last saw the deceased alive on 3-7, 1954, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

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|---|--------------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Dr. J. S. Jolly M.D.</u> | 23b. ADDRESS <u>2 Moberly, Mo</u> | 23c. DATE SIGNED <u>5-9-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March-9-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u> | 24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 9-54</u> | REGISTRAR'S SIGNATURE <u>Pauline ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>266 Snow Funeral Home Moberly Mo</u> | ADDRESS <u>Moberly Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1954

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 *Jerry R. Carter*
Licensed Embalmer No. *490*

P. O. Address *Proberly*

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.