

STANDARD CERTIFICATE OF DEATH

State File No. **9583**

FILED APR 12 1954		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 142	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis			
b. CITY OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN Rural Smithton		8800	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) EDNA		b. (Middle) WILCOXSON		c. (Last) HILL	
4. DATE OF DEATH		a. (Month) APR		b. (Day) 4		c. (Year) 1954	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH OCT 13-1886	
9. AGE (In years last birthday) 67		10. MONTHS 3		11. DAYS 21		12. IF UNDER 14 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY	
News Paper Editor		None		Howard Co MO		US	
13a. FATHER'S NAME John Wilcoxson		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Harace Linard Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr Harace Hill Smithton MO			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acidosis, irreversible ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS - Generalized arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death. Fracture, left hip				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days unknown 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☒ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia, Pettis MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 29, '54 7P		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Fell down steps			
22. I hereby certify that I attended the deceased from 3 Apr 1954 , to 4 Apr 1954 , that I last saw the deceased alive on 4 Apr 1954 , and that death occurred at 3:00 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE L. D. Diegel M.D.				23b. ADDRESS 1216 West 18th St. Sedalia MO		23c. DATE SIGNED 4 Apr. 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 6-54		24c. NAME OF CEMETERY OR CREMATORY Smithton		24d. LOCATION (City, town, or county) (State) MO	
DATE REC'D BY LOCAL REG. 4-6-54		REGISTRAR'S SIGNATURE A. J. Campbell MO		25. FUNERAL DIRECTOR'S SIGNATURE A. F. Neumeyer Smithton		ADDRESS MO	

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

(Licensed Embalmer's Statement on Reverse Side)

VS JUL 7 1959

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. 3912

P. O. Address Smithton MD

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.