

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

State File No. **10928**

No. 300

10-48

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6172** Registrar's No. **15**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission).	
a. COUNTY Stone	b. STATE Missouri	a. STATE Missouri	b. COUNTY Stone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Suburb	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Rural	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If rural, give location) Halena mo.	87-2 1040	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Emma	b. (Middle)	c. (Last) Hill	(Month) Mar.	(Day) 15	(Year) 1954
5. SEX F	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. Widowed	8. DATE OF BIRTH June 17-1874		9. AGE (In years last birthday) 79-8-28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Wife		11. BIRTHPLACE (State or foreign country) Stone Co. Mo.	
13a. FATHER'S NAME Richard Burton			13b. MOTHER'S M maiden NAME Martha Daley		14. NAME OF HUSBAND OR WIFE Robert Hill (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Mrs Ben Baker - Halena 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		II. OTHER SIGNIFICANT CONDITIONS - - Hypertensive Cardiovascular disease			7 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		54 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491 X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 March 11, 1954 to March 15, 1954 that I last saw the deceased alive on March 11, 1954, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Fred J. Kimmack M.D.	23b. ADDRESS Creve, Mo.	23c. DATE SIGNED 3-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 17-1954	24c. NAME OF CEMETERY OR CREMATORY Halena Cemetery
DATE REC'D BY LOCAL REG. March 16-54	REGISTRAR'S SIGNATURE Mr. J. Elmer Bussanan	24d. LOCATION (City, town, or county) (State) Halena Mo
25. FUNERAL DIRECTOR'S SIGNATURE Everett G. Cheatham		ADDRESS Halena mo.

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

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

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena Mo.

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.