

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

State File No. **14642**

FILED APR 26 1954

BIRTH NO. 32		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 6152		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Stoddard County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard County			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Liberty Twp. Dexter, Missouri)		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Dexter,		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 Davis Clinic				STREET ADDRESS (If rural, give location) 210 South Walnut			
3. NAME OF DECEASED (Type or Print) a. (First) Gilbert		b. (Middle) G.		c. (Last) Hill		4. DATE OF DEATH (Month) (Day) (Year) April 15 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15, 1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Gravel Business		11. BIRTHPLACE (City and State or Foreign Country) Bristow, Ind.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James H. Hill		13b. MOTHER'S MAIDEN NAME Mary Taylor		14. NAME OF HUSBAND OR WIFE Ruth Dixie Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Hill, Dexter, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parasitic infection ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Structurally perfect DUE TO (c) Struck by an automobile II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH E 8 12 4 25	
19a. DATE OF OPERATION 3-3-54		19b. MAJOR FINDINGS OF OPERATION Head 3 fingers fractured 4 acetabulum & fracture of femur & sick				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Dexter Stoddard Miss			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 2nd 1954		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? knocking down street by an automobile			
22. I hereby certify that I attended the deceased from Mar. 2, 1954 , to April 13, 1954 that I last saw the deceased alive on April 13 1954 , and that death occurred at 8:45 AM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. Strickland M.D.				23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED April 21,	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-17-54		24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
DATE REC'D BY LOCAL REG. 4-23-54		REGISTRAR'S SIGNATURE Valma V. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey		Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

19361 82 1014

MAY 25 1936

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.....
Licensed Embalmer No. 3477
P. O. Address.....

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.