

FILED MAY 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3075 State File No. 17639

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>6148</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY STODDARD				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STODDARD			
b. CITY (If outside corporate limits, write RURAL and give town or township) DEXTER, MISSOURI		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) RURAL CASTOR		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION DAVIS HOSPITAL				d. STREET ADDRESS (If rural, give location) Dexter, Mo. Route # 2			
3. NAME OF DECEASED (Type or Print) a. (First) LEONA			b. (Middle) E.		c. (Last) HILL		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 10, 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 25	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Dudley, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Allen		13b. MOTHER'S MAIDEN NAME Varina Neal		14. NAME OF HUSBAND OR WIFE Dexter, Mo. Ruben Hill, Route # 2			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruben Hill-Dexter, Mo. Route # 2			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yr 1 yr	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION 2900				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)		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 3-1-1954 to 4-5-1954 , that I last saw the deceased alive on 4-5-1954 , and that death occurred at 1:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE S.S. Glave (Degree or title) and				23b. ADDRESS Dexter, Mo		23c. DATE SIGNED 4-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 7-54		24c. NAME OF CEMETERY OR CREMATORY Sadler Chapel cem.		24d. LOCATION (City, town, or county) (State) Stoddard co. Missouri	
DATE REC'D BY LOCAL REG. Apr. 14, 1954		REGISTRAR'S SIGNATURE Claudine Hill 409		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. Bloomfield, Mo.			

(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, & by Lulu

Cooper # 3499

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Juan C Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.