

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23416**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5583 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lincoln Twp.		c. CITY OR TOWN Jasper R.F.D. 1	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs.		e. STREET ADDRESS (If rural, give location) 11 mi. SW Golden City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 11 mi. SW. Golden City			

3. NAME OF DECEASED (Type or Print) a. (First) JOSIAH b. (Middle) CALDWELL c. (Last) HILL			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 5 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Pekin, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hill		13b. MOTHER'S MAIDEN NAME Nancy Hodgson		14. NAME OF HUSBAND OR WIFE Maudie E. Hill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maudie E. Hill, Jasper, Mo. R1	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 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.			INTERVAL BETWEEN ONSET AND DEATH 5 days
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)	
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 July 20, 1954, to July 21, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 11:20 m., from the causes and on the date stated above.

23a. SIGNATURE Rudolf Knapp M.D. (Degree or title)		23b. ADDRESS Golden City, Mo		23c. DATE SIGNED 7/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery	
24d. LOCATION (City, town, or county) (State) Dade Co., Mo					

DATE REC'D BY LOCAL REG. 7-23-54		REGISTRAR'S SIGNATURE Margaret Coster		25. FUNERAL DIRECTOR'S SIGNATURE Phillips Funeral Home ADDRESS Golden City, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUL 28 1954
Jasper County Health Office
County File Number 54-7-6
Date Filed JUL 28 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 J. H. Pugh

Licensed Embalmer No. 327

P. O. Address Golden, Co.

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.