

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30007

 BIRTH NO. 8580354 REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3010 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>			c. LENGTH OF STAY (If this place) <u>1 day</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Southeast Missouri Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1501 Thomas</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmy</u>			b. (Middle) <u>Loyd</u>		c. (Last) <u>Hill</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1954</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Sept. 9, 1954</u>		9. AGE (In years last birthday) <u>15</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John E. Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Rosabell Lowe</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>John E. Hill</u>		ADDRESS <u>Poplar Bluff, Missouri</u>					
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) <u>PULMONARY EDEMA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia (?) or</u> DUE TO (c) <u>cardiac failure</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>VOMITING, DEHYDRATION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7630</u>					
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 <u>24 Sept, 1954</u> , to <u>24 Sept, 1954</u> that I last saw the deceased alive on <u>24 Sept, 1954</u> , and that death occurred at <u>6:10 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James A. Kinder M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Missouri</u>		23c. DATE SIGNED <u>25 Sept</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Sept. 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Chapel Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Broseley, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Fisk, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-29-54</u>		REGISTRAR'S SIGNATURE <u>10.6 Summers</u>		44-0			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

OCT 8

**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 \_\_\_\_\_

*Philip J. Casady*

Licensed Embalmer No. 4618

P. O. Address Cape Girardeau, 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.