

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36397

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAIRFAX</u>				c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>BURNINGTON Jct</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>0740</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARVEY</u>		b. (Middle) <u>HEZEKIAH</u>		c. (Last) <u>HILL</u>	
4. DATE OF DEATH		(Month) <u>NOV</u>		(Day) <u>4</u>		(Year) <u>1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MCH. 21, 1886</u>	
9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Days <u>7</u> Hours <u>14</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MORRISTOWN TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		13a. FATHER'S NAME <u>GEORGE G HILL</u>		13b. MOTHER'S MAIDEN NAME <u>MELISSA MAYES</u>	
13c. NAME OF HUSBAND OR WIFE <u>ANNA MARY SMITH</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		15. SOCIAL SECURITY NO. _____		16. INFORMANT'S SIGNATURE OR NAME <u>HAROLD HILL</u>	
17. ADDRESS <u>BURNINGTON Jct MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic coma (acidosis)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal uremia</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>7/1/54</u> , 19 <u>54</u> , to <u>11/4/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/4/54</u> , 19 <u>54</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Ed. Widenmayer</u> (Degree or title) _____		23b. ADDRESS <u>Harris, Mo.</u>	
23c. DATE SIGNED <u>11/5/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOME CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>TARKIO MO</u>		DATE REC'D BY LOCAL REG. <u>Nov 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Harvin J. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Hann</u>	
ADDRESS <u>Burnington Jct Mo</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1955

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. 296

P. O. Address Carl, Jch

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.