

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43177**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6230** Registrar's No. **222**

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-METZ TWP.		c. CITY OR TOWN	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) 33 yrs.		e. STREET ADDRESS (If rural, give location) 10 MI. S.W. RICH HILL. 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 MI. S.W. RICH HILL.			

3. NAME OF DECEASED (Type or Print) a. (First) HOWARD b. (Middle) - c. (Last) GILL			4. DATE OF DEATH (Month) (Day) (Year) DEC-15-1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL-7-1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 8 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and State or Foreign Country) CASS COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN GILL	13b. MOTHER'S MAIDEN NAME NANCY MORROW	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME Marion Hill Rich Hill Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 443 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1953** to **Dec 15, 1954**, that I last saw the deceased alive on **Jan 11, 1954**, and that death occurred at **8:00** m., from the causes and on the date stated above.

23a. SIGNATURE Oliver J. Green	(Degree or title)	23b. ADDRESS Rich Hill Mo	23c. DATE SIGNED Dec 17 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-17-54	24c. NAME OF CEMETERY OR CREMATORY SHARON CEMETERY	24d. LOCATION (City, town, or county) (State) CASS COUNTY, MISSOURI
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DATE REC'D BY LOCAL REG. 12-18-54	REGISTRAR'S SIGNATURE Anna J. Ferry	451	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Home - Rich Hill, Mo	ADDRESS
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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, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John H. Underwood*.....
Licensed Embalmer No. *358*
P. O. Address *Butler*.....

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.