

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4857**
485

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 7 yrs	c. CITY OR TOWN Kansas City	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 General Hospital #2		f. STREET ADDRESS (If rural, give location) 1711 1/2 East 18th Street	

3. NAME OF DECEASED (Type or Print) Jesse	a. (First)	b. (Middle) 2	c. (Last) Hill	4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1955
--	------------	----------------------	-----------------------	--

5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 2, 1914	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 40	IF UNDER 24 HRS. Hours 40 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Cutter		10b. KIND OF BUSINESS OR INDUSTRY Steele Industry	11. BIRTHPLACE (City and State or Foreign Country) 8 mi. E. Okarchaa, Okla		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henery Hill	13b. MOTHER'S MAIDEN NAME Elizabeth Coleman	14. NAME OF HUSBAND OR WIFE None
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War LI	16. SOCIAL SECURITY NO. 491-32-4209	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Coleman	ADDRESS 1711 1/2 E. 18th
--	--	---	---------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease with failure.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 **1-23-55**, 19____, to **1-28-55**, 19____, that I last saw the deceased alive on **1-28-55**, 19____, and that death occurred at **5:05 p m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis	(Degree or title) MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 1-31-55
--------------------------------------	-----------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/4/55	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. 1-2-55	REGISTRAR'S SIGNATURE Mervin Marshall	25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones, Inc.	ADDRESS K.C., Mo.
--	--	--	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *Conrad Gladys Bal*.....

Licensed Embalmer No. 49.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.