

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5841

State File No.

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 2

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Putnam</u>	a. STATE <u>Missouri</u>		b. COUNTY <u>Putnam</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>	c. LENGTH OF STAY (in this place) <u>About 1 hr.</u>	c. CITY OR TOWN <u>Unionville</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>Monroe Hospital</u>		e. STREET ADDRESS <u>600 South 20th</u>	<u>0860</u>

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Sarah</u>	b. (Middle) <u>Ellen</u>	c. (Last) <u>Hill</u>	(Month) <u>January</u>	(Day) <u>31</u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 14, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 18 HRS. YEAR MONTHS DAYS <u>17</u>	IF UNDER 18 HRS. Hours Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Elec Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Hill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Hugh Hill Unionville, Missouri</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac asthma</u> DUE TO (c) <u>Chronic myocarditis</u>		
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) <u>4222</u>
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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?
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22. I hereby certify that I attended the deceased from Aug 8, 1948, to Jan 31, 1955, that I last saw the deceased alive on Jan 31, 1955, and that death occurred at 11:50 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. W. McDonald</u>	23b. ADDRESS <u>204 Unionville Mo.</u>	23c. DATE SIGNED <u>2-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-4-55</u>	REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By John A. Comstock</u>	ADDRESS <u>Comstock Funeral Home Unionville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 N. Comstock*
Licensed Embalmer No. *3891*
P. O. Address *Unionville,*

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.