

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 139

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|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> | | 2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> | | c. CITY OR TOWN <u>FARMINGTON</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>BONNE TERRE HOSPITAL</u> | | No. STREET ADDRESS (If rural, give location) <u>501 S. HENRY ST. 044/0</u> | |
| 3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>A.</u> c. (Last) <u>HILL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10, 1955</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>AUG. 20, 1879</u> |
| 9. AGE (In years last birthday) <u>75</u> | | if UNDER 1 YEAR Months <u>8</u> Days <u>20</u> | if UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>DES ARK, MISSOURI</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | | 13a. FATHER'S NAME <u>ISAAC M. HILL</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>SYLVIA JANE JOHNSON</u> | | 14. NAME OF HUSBAND OR WIFE <u>SUSAN HILL (DEC'D)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>UNK</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DARREL PARSDALE, FLAT RIVER 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 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"/> | | <u>4200</u> | |
| 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) | | 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>April</u> , 19 <u>54</u> , to <u>5-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-10-55</u> , and that death occurred at <u>1:20 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>C. E. Carleton MD</u> | | 23b. ADDRESS <u>Farmington Mo</u> | |
| 23c. DATE SIGNED <u>5-13-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5/13/55</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>FREDRICKTOWN MO</u> | |
| DATE REC'D BY LOCAL REG. <u>May 13, 1955</u> | | REGISTRAR'S SIGNATURE <u>Gather Rudloff</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u> | | ADDRESS <u>Farmington, MO.</u> | |

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 Paul H. Dugal

Licensed Embalmer No. 417

P. O. Address Farmingdale

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.