

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19169

FILED JUN 28 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 YRS		e. STREET ADDRESS (If rural, give location) 2427 PRINCETON	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL			

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First)	b. (Middle) WASHINGTON	c. (Last) HILL	4. DATE OF DEATH (Month) (Day) (Year) JUNE 22 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH MAY 23, 1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LARORER	10b. KIND OF BUSINESS OR INDUSTRY QUARYMAN	11. BIRTHPLACE (City and State or Foreign Country) DADE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME SAM HILL	13b. MOTHER'S MAIDEN NAME HANNA MCCLURE	14. NAME OF HUSBAND OR WIFE ANNA HILL
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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) NO	16. SOCIAL SECURITY NO. 490-10-0624	17. INFORMANT'S SIGNATURE OR NAME ANNA HILL	ADDRESS 2427 PRINCETON JOPLIN, MO
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation		2 days
	ANTECEDENT CAUSES DUE TO (b) Generalized toxicity DUE TO (c) Arthritis Deformans		3 years 3 #
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 7230	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)
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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?
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22. I hereby certify that I attended the deceased from 1-31-55, 19___, to 6-20-55, 19___, that I last saw the deceased alive on 6-22-55 19___, and that death occurred at 12:15 PM from the causes and on the date stated above.

23a. SIGNATURE E. O. Martin D. O. Martin	(Degree or title)	23b. ADDRESS 709 Joplin St. Joplin Mo	23c. DATE SIGNED 6-23-55
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24a. BURIAL, CREMATION, REMOVAL BURLIAL	24b. DATE 6-26-1955	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) CARTHAGE MO
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DATE REC'D BY LOCAL REG. 6-25-55	REGISTRAR'S SIGNATURE Mrs. Madeline Surtz	474	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed JUN 2 1932

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 *Richard Gray Lewis*

Licensed Embalmer No. *44402*

P. O. Address *Webb*

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.