

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20885

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BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <i>Vernon</i>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Mo</i>				b. COUNTY <i>Cedar</i>	
b. CITY OR TOWN <i>Washington</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Stockton</i>		d. Is Residence within limits of a city or town?			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hopt No 3</i>				No. STREET ADDRESS <i>unknown</i>				<i>02001</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MEL</i>			b. (Middle) <i>—</i>		c. (Last) <i>HILL</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 9 1953</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>		8. DATE OF BIRTH <i>Feb 20 1890</i>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <i>80 4 17</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Wm C Hill</i>			13b. MOTHER'S MAIDEN NAME <i>Louise Gambrey</i>			14. NAME OF HUSBAND OR WIFE <i>unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>unknown</i>			16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Records Dept No 3</i>			ADDRESS <i>Nevada</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Generalized Entered Sclerosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Fracture Left Hip</i>						<i>one month</i>	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Washington Twp Vernon</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Washington Twp Vernon Mo</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 2 1953 m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>fall from bed</i>					
22. I hereby certify that I attended the deceased from <i>Jan 3 1953</i> , to <i>July 7 1953</i> , that I last saw the deceased alive on <i>July 7 1953</i> , and that death occurred at <i>3:20 P.M.</i> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Shirley Duggan M.D.</i>				23b. ADDRESS <i>State Hopt No 3</i>		23c. DATE SIGNED <i>July 7 53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7-7-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Gum Springs</i>		24d. LOCATION (City, town, or county) (State) <i>Cedar County, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>7-8-55</i>		REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Cantlon Funeral Home Stockton, Mo.</i>				

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 *Francis C. Marsh*.....

Licensed Embalmer No. *497*.....

P. O. Address *Nevada*.....

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.