

FILED AUG 9 - 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 25137

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6272		Registrar's No. 316	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, write RURAL, and give town) <b>Allen</b>		c. LENGTH OF STAY (in this place) <b>46 years</b>		c. CITY OR TOWN <b>11300</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Allen Township - Rural - 6272</b>				e. STREET ADDRESS (If rural, give location) <b>Allen Township - Rural - 6272</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julius</b>		b. (Middle) <b>Martin</b>		c. (Last) <b>Hill</b>		4. DATE OF DEATH (Month) <b>July</b> (Day) <b>30</b> (Year) <b>1955</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 12, 1867</b>	
9. AGE (in years last birthday) <b>88</b>		10. IF UNDER 1 YEAR Months <b>88</b>		11. IF UNDER 1 YEAR Days <b>88</b>		12. IF UNDER 1 YEAR Hours <b>88</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Champaign County, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Henry B. Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Rinehart</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie B. Hill</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Victor Hill - Allendale, Missouri</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture, femur</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, generalized</b>		III. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>9030</b>				DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION <b>15 Mar 55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fracture, neck femur</b>				20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>rural Allendale, Worth, Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 12 55 6p</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Tripped in house, fell to floor</b>			
22. I hereby certify that I attended the deceased from <b>12 Mar, 1955</b> , to <b>30 July, 1955</b> , that I last saw the deceased alive on <b>27 July, 1955</b> and that death occurred at <b>8 p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <b>Frank B. Matthei MD</b>				23b. ADDRESS <b>Grant City, Mo</b>		23c. DATE SIGNED <b>8-1-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>August 1, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Isabelle Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Worth County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-2-1955</b>		REGISTRAR'S SIGNATURE <b>John E. Dawson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill Duffee</b> ADDRESS <b>Grant City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Bill A. Dunfee  
4

Licensed Embalmer No.....

P. O. Address Grant City

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.