

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35720**

BIRTH NO. _____ REG. DIST. NO. **353** PRIMARY REG. DIST. NO. **6196** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 8 miles from Licking route 63, in transit)		c. LENGTH OF STAY (in this place) Rolla Hosp.	c. CITY OR TOWN Joy
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXX		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Texas typ	

3. NAME OF DECEASED (Type or Print) a. (First) LeRoy b. (Middle) - c. (Last) Hill			4. DATE OF DEATH (Month) (Day) (Year) 10-5-55		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Dec 15 1947	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 0 Days 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) schoolboy		10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Gilbert Hill	13b. MOTHER'S MAIDEN NAME Jeraldine Leonard	14. NAME OF HUSBAND OR WIFE xxx
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. x	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gilbert Hill Salem Mo rt 5	
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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 3 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac & pulmonary arrest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) cachexia & anemia DUE TO (c) acute leukemia		
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 2043	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Oct 5, 1955**, to _____, 19____, that I last saw the deceased alive on **Oct 5, 1955**, and that death occurred at **1 P** m., from the causes and on the date stated above.

23a. SIGNATURE B. J. Myers MD (Degree or title)	23b. ADDRESS Licking Mo	23c. DATE SIGNED 10-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 7 1955	24c. NAME OF CEMETERY OR CREMATORY Green Forest	24d. LOCATION (City, town, or county) (State) Dent Co Mo
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DATE REC'D BY LOCAL REG. Oct. 7, 1955	REGISTRAR'S SIGNATURE Edmora Hesse	3244	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl K. Johnson Salem Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

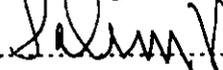
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 232

P. O. Address.....


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.