

20511  
FILED DEC 28 1955THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH40261  
State File No. ....

|                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                 |  |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                   |  | REG. DIST. NO. <u>128</u>                                                                                                                                                                                                                                                                                                                                                                                                           |  | PRIMARY REG. DIST. NO. <u>5467</u>                                                                                                                                                                                                                              |  | Registrar's No. <u>1148</u>                                                                                                          |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>                                                                                                                      |  |                                                                                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural-Robertson</u>                                                                                                                           |  | c. LENGTH OF STAY (in this place)<br><u>49 Yrs</u>                                                                                                                                                                                                                                                                                                                                                                                  |  | c. CITY OR TOWN <u>Glidewell</u>                                                                                                                                                                                                                                |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 11, Springfield</u>                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | e. STREET ADDRESS (If rural, give location)<br><u>Route 11, Springfield</u>                                                                                                                                                                                     |  |                                                                                                                                      |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                           |  | a. (First) <u>ISSAC</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  | b. (Middle) <u>VICTOR</u>                                                                                                                                                                                                                                       |  | c. (Last) <u>HILL</u>                                                                                                                |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                 |  | (Month) <u>Dec</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | (Day) <u>22</u>                                                                                                                                                                                                                                                 |  | (Year) <u>1955</u>                                                                                                                   |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                               |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                                                                                                                                                                       |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                                                                                                                                                                           |  | 8. DATE OF BIRTH <u>Sept 14, 1874</u>                                                                                                |  |
| 9. AGE (In years last birthday) <u>81</u>                                                                                                                                                                                        |  | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u>                                                                                                                                                                                                                                                                                                                                                                                  |  | IF UNDER 1 MRS.<br>Hours <u>  </u> Min. <u>  </u>                                                                                                                                                                                                               |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>                          |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>                                                                                                                                                               |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                             |  | 13a. FATHER'S NAME<br><u>Daniel P. Hill</u>                                                                                                                                                                                                                     |  | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Mitchell</u>                                                                                   |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Maggie E. Hill</u>                                                                                                                                                                             |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war & dates of service) <u>No</u>                                                                                                                                                                                                                                                                                                             |  | 16. SOCIAL SECURITY NO. <u>No</u>                                                                                                                                                                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. George Schmitt, Rt 11, Springfield</u>                                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, arthritis, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TB</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Decompensating heart</u><br>DUE TO (c) <u>  </u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                                                                                                                                                 |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 years</u><br><br><u>3 years</u>                                                             |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                           |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                 |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                             |  |
| 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)                                                                                                                                                                                                                 |  | 21f. HOW DID INJURY OCCUR?                                                                                                           |  |
| 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"/>                                                                                                                                                                                                                                                                                                                              |  | 22. I hereby certify that I attended the deceased from <u>Sept. 29, 1955</u> , to <u>Dec. 22, 1955</u> , that I last saw the deceased alive on <u>Dec. 21, 1955</u> , and that death occurred at <u>5:13pm.</u> , from the causes and on the date stated above. |  |                                                                                                                                      |  |
| 23a. SIGNATURE<br><u>C E Zeller MD</u>                                                                                                                                                                                           |  | (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 23b. ADDRESS<br><u>609 Cherry, Springfield, Mo.</u>                                                                                                                                                                                                             |  | 23c. DATE SIGNED<br><u>12-23-55</u>                                                                                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                       |  | 24b. DATE<br><u>12-24-55</u>                                                                                                                                                                                                                                                                                                                                                                                                        |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Robberson Prairie</u>                                                                                                                                                                                                  |  | 24d. LOCATION (City, town, or county) (State)<br><u>GREENE COUNTY, MO.</u>                                                           |  |
| DATE REC'D BY LOCAL REG.<br><u>12-23-55</u>                                                                                                                                                                                      |  | REGISTRAR'S SIGNATURE<br><u>Edith Williamson</u>                                                                                                                                                                                                                                                                                                                                                                                    |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J. W. Klingner &amp; Co.</u> ADDRESS<br><u>Springfield, Mo.</u>                                                                                                                                                          |  |                                                                                                                                      |  |

(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.....

Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.