

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5607**

State File No. ....

No. 300  
10.48

**FILED FEB 21 1956**

2621

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>STAR ROUTE MINE LA MOTTE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>135 S. MAIN ST.</u>		f. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>HILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 14, 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 1, 1914</u>	9. AGE (In years last birthday) <u>42</u>	10. MONTHS <u>1</u> 11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MINE LA MOTTE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>BERT TROUSDALE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BANES</u>	14. NAME OF HUSBAND OR WIFE <u>RAYMOND HILL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RAYMOND HILL - MINE LA MOTTE, MO.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>
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?

22. I hereby certify that I attended the deceased from Jan 17, 1956, to Jan 24, 1956, that I last saw the deceased alive on Jan 24, 1956, and that death occurred at 10:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. P. Basler</u>		23b. ADDRESS <u>D.C. Fredericktown, Mo. 2-15-56</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/17/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SILVERPOINT</u>	24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE, Co. MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 16-1956</u>	REGISTRAR'S SIGNATURE <u>Thurman Dickert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. P. Adamson - FREDERICKTOWN, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
FEB 20 1956

FILE NO. 256-7

MAR 12 1956

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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 Raymond Wilson

Licensed Embalmer No. 4889

P. O. Address Fredericktown

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.