

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12685**

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write "Rural" and give town) Rural Liberty	c. LENGTH OF STAY (in this place) years	c. CITY OR TOWN Rural Liberty	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 Clay County Home		STREET ADDRESS (If rural, give location) 6000	

3. NAME OF DECEASED (Type or Print)	a. (First) SAMUEL	b. (Middle) MADISON	c. (Last) HILL	4. DATE OF DEATH (Month) (Day) (Year) April 20 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10, 1862	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Builder	10b. KIND OF BUSINESS OR INDUSTRY Home Builder	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Hill	13b. MOTHER'S MAIDEN NAME Jane Taggart	14. NAME OF HUSBAND OR WIFE Frances L. Hill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ray Crowley	ADDRESS 109 Temple Springs Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH years
	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 4500	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1954**, 19____, to _____, 19**56**, that I last saw the deceased alive on **April**, 19**56**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

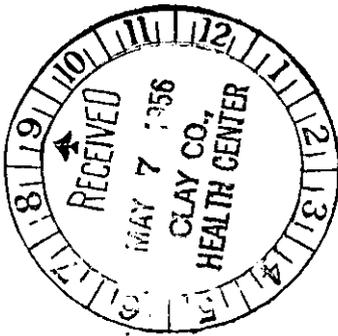
23a. SIGNATURE W. H. Mason M.D.	(Degree or title)	23b. ADDRESS Liberty Mo	23c. DATE SIGNED Apr 21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-20-56	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) Rural Ex. Springs, Mo.
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DATE REC'D BY LOCAL REG. 5-3-56	REGISTRAR'S SIGNATURE Mabel Graham	25. FUNERAL DIRECTOR'S SIGNATURE Prichard Funeral Home, Inc.	ADDRESS Excelsior Springs, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

171-0



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 *Ralph E. Van Lending*

Licensed Embalmer No. *400*
Richard J. ...
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.