

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15315BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	c. LENGTH OF STAY (In this place) 1 WK.	c. CITY OR TOWN Nevada	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hosp.		e. STREET ADDRESS (If rural, give location) 327 North Clay	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Frank	b. (Middle) Burton	c. (Last) Hill	Month April	Day 21	Year 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Jessie Hill		13b. MOTHER'S MAIDEN NAME Elizabeth Sercy		14. NAME OF HUSBAND OR WIFE Louella Hill	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. 308-18-7974	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Louella Hill Nevada, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Cardio-renal disease unknown		DUPLICATE				Interval	
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				Interval	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE				Interval	
DUPLICATE		DUPLICATE				Interval	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Probable Carcinoma of prostate unknown				Interval	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY	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 April 7, 1956, to April 21, 1956, that I last saw the deceased alive on April 21, 1956, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James P. Sercy M.D.		23b. ADDRESS Nevada, Mo		23c. DATE SIGNED April 27	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-23-56	24c. NAME OF CEMETERY OR CREMATORY Sheldon Cemetery	24d. LOCATION (City, town, or county) (State) Sheldon, Missouri
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DATE REC'D BY LOCAL REG. 5-5-1956	REGISTRAR'S SIGNATURE Anna S. Sercy	25. FUNERAL DIRECTOR'S SIGNATURE Richard S. Miller	ADDRESS Nevada, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 ex-
posed by me, ~~or by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. J. ...*.....

Licensed Embalmer No.....

P. O. Address.....

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