

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17298**

FILED MAY 16 1956

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. James		c. LENGTH OF STAY (in this place) 5		c. CITY OR TOWN St. James		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Irene		b. (Middle) Neaves		c. (Last) Hill		4. DATE OF DEATH Month May Day 6 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October-9-1903		9. AGE (In years last birthday) 52 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William J. Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME William J. Hill, St. James, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH* (a) Bleeding Peptic Ulcer ANTECEDENT CAUSES Arteriosclerosis Hypertension Morbidity 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. 20. AUTOPSY? YES ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH Indefinite	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		5400			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1, 1956 to May 6, 1956 , that I last saw the deceased alive on May 6, 1956 and that death occurred at 2:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Asst. Gross Kreutz		(Degree or title)		23b. ADDRESS St. James, Mo		23c. DATE SIGNED 5-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-6-56		24c. NAME OF CEMETERY OR CREMATORY unknown		24d. LOCATION (City, town, or county) (State) St. James, Mo	
DATE REC'D BY LOCAL REG. 5-7-1956		REGISTRAR'S SIGNATURE Ruth B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE Asst. Jesse Gahr ADDRESS St. James, Mo			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Helps County Health Officer,
County File Number 437
Date Filed MAY 8 1956

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. 440

P. O. Address H. Jam

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.