

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24265

State File No. ....

FILED JUL 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Laclede.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon, Mo</u>	c. LENGTH OF STAY (in this place) <u>9 1/2 hrs</u>	c. CITY OR TOWN <u>Camdenton, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0150</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Christine</u> b. (Middle) <u>(unknown)</u> c. (Last) <u>Hill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7/5/ 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>DEC-16-1896</u>	9. AGE (In years last birthday) <u>59</u>	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) <u>Housewife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>COLORADO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13a. FATHER'S NAME _____ Sex <u>Sex</u>	13b. MOTHER'S MAIDEN NAME <u>CRISTINE AGNES</u>	14. NAME OF HUSBAND OR WIFE <u>Gilbert H. Hill</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Hill, Camdenton, Mo.</u> ADDRESS _____
---	--	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound fractures left tibia + fibula. Fracture right tibia. Internal abdominal injuries.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</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. <u>9/60</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Camdenton</u> (COUNTY) <u>Camden</u> (STATE) <u>Missouri</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-3-56</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lightning struck house, causing fire which led to gas explosion. House blew up.</u>
---	---	---

22. I hereby certify that I attended the deceased from 7-3-1956, to 7-13-1956, that I last saw the deceased alive on 7-3-1956, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>B B Hurd, MD</u> (Degree or title)	23b. ADDRESS <u>Lebanon, Missouri</u>	23c. DATE SIGNED <u>7-5-56</u>
--	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/7/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN - Boulder</u>	24d. LOCATION (City, town, or county) (State) <u>Boulder, Colorado.</u>
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-7-1956</u>	REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B B Hedges, Richland, Mo</u> ADDRESS <u>Hedges Funeral Home Camdenton, Mo</u>
--	--	---

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

424  
0

SEP 6 1962

SEP 6 1962

Received July 16, 1957  
Laclede County Health Unit  
File No. 121  
Date Filed July 16, 1957

Laclede County Health Department,  
Laclede Missouri

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 Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.