

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

30553

State File No. _____

No. 300
10-48

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 5562 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arcadia 5</u> c. LENGTH OF STAY (In this place) <u>2 yr. 3 mo. 14 da.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arcadia</u> d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. E. on Hwy 70</u>	
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3. NAME OF DECEASED (Type or Print) <u>Elizabeth Eleanor Hill</u> a. (First) <u>Elizabeth</u> b. (Middle) <u>Eleanor</u> c. (Last) <u>Hill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1956</u>		
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5. SEX <u>E /</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 23, 1860</u>	9. AGE (In years last birthday) <u>95</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>10</u> IF UNDER 12 HRS: Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (State or foreign country) <u>Boonville, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Byler Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dolores Weiss</u> ADDRESS <u>Ironton, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Atherosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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. <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 June, 1957, to Sept 11, 1956, that I last saw the deceased alive on Sept 11, 1956, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. McClinton M.D.</u>	23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>9-11-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>9-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOBERLY MO.</u>	24d. LOCATION (City, town, or county) (State) <u>MOBERLY MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-12-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE FUNERAL HOME</u> ADDRESS <u>IRONTON MO.</u>
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(Licensed Embalmer's Statement on Reverse Side) IRONTON MO.

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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Russell J. White*

Licensed Embalmer No. *2012*

P. O. Address *Inverton, Va*

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 this body is not embalmed, fact should be so stated above.