

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

41525  
STATE FILE NUMBER  
5319

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3531 ASKEW</b>			Length of stay in lb <b>50 YRS</b>		d. STREET ADDRESS (If outside, give location) <b>3531 ASKEW AVE.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>MARTIN</b> Last <b>HILL</b>				4. DATE OF DEATH Month <b>DEC</b> Day <b>5</b> Year <b>1956</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>FEB 29 1876</b>		9. AGE (In years last birthday) <b>80</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) <b>STATIONARY ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BOARD OF EDUCATION</b>		11. BIRTHPLACE (City and state or country) <b>FREEMAN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Thomas J. Hill</b>				14. MOTHER'S MAIDEN NAME <b>MARtha Williams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-32-5319</b>		17. INFORMANT <b>Mrs. MABEL M. Hill</b>		Address <b>3531 ASKEW AVENUE KANSAS CITY, MO.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>90 MIN</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>Generalized arteriosclerosis</b>	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Aug 1955</b> to <b>Dec 5 1956</b> and last saw <del>him</del> <b>her</b> alive on <b>Nov 15 1956</b> Death occurred at <b>10:15 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John M Powers M.D.</b>				22b. ADDRESS <b>3304 Linwood</b>		22c. DATE SIGNED <b>12/7/56</b>	
23a. BURIAL OR CREMATION. (Specify) <b>BURIAL</b>		23b. DATE <b>DEC 8-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LEE'S SUMMIT CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>LEE'S SUMMIT MISSOURI</b>		
24. FUNERAL DIRECTOR <b>D.W. NEWCOMERS SONS</b>		ADDRESS <b>1331 R.C. MO.</b>		25. DATE RECD. BY LOCAL REG. <b>12-8-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John M. Powers

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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 *Raymond M. Hardy* .....

Licensed Embalmer No. *491* .....

P. O. Address *Indep* .....

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.