

State File No.

FILED FEB 19 1957

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland Township</u>		c. LENGTH OF STAY (In this place) <u>5 years</u>		c. CITY OR TOWN <u>Dora</u> <u>0970</u> <u>0</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>Richland Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) _____ c. (Last) <u>Hill</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>12</u> <u>57</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-5-57</u>	
9. AGE (In years last birthday) <u>69</u>		10. 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>Own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>C.C. Hamblen</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Cope</u>		14. NAME OF HUSBAND OR WIFE <u>John R. Hill</u>	
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>Mrs. Eltie Watkins</u>		ADDRESS <u>Dora Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES 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. <u>Rheumatoid Arthritis</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				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) <u>481X</u> _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>2-12-57</u> to <u>2-12-57</u> , that I last saw the deceased alive on <u>Feb 11, 1957</u> , and that death occurred at <u>12:54 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Haerman</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Stearnsville, Mo.</u>			
23c. DATE SIGNED <u>2/14/57</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>2-15-57</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Ball</u>			
24d. LOCATION (City, town, or county) (State) <u>Ozark Co. Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Clintine Gammill</u> ADDRESS <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-16-57</u>				REGISTRAR'S SIGNATURE <u>Shana Mahan</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1957

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.....

John B. Elsey

Licensed Embalmer No. 4885

P. O. Address *Garminville*

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.