

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5883

State File No.

FILED MAR 15 1957

BIRTH NO. _____ REG. DIST. NO. 394 PRIMARY REG. DIST. NO. 6027 Registrar's No. 1

0900

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Reynolds</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corridon</u> | c. LENGTH OF STAY (In this place) <u>Life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corridon</u> <u>0900</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u> | | d. STREET ADDRESS (If rural, give location) | |

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|--|-------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Adeline</u> | b. (Middle) | c. (Last) <u>Hill</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 6, 1957</u> |
|--|-------------|-----------------------|---|

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|-----------------|---------------------------|---|--------------------------------------|---|------------------------|----------------------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>Apr 10, 1865</u> | 9. AGE (In years last birthday) <u>91</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days Hours Mins. |
|-----------------|---------------------------|---|--------------------------------------|---|------------------------|----------------------------------|

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|---|-----------------------------------|--|--|
| 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 | 11. BIRTHPLACE (State or foreign country) <u>Jackson Co, Tenn</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John Patterson</u> | 13b. MOTHER'S MAIDEN NAME <u>Polly Wernson</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Hill, Ellington, Mo</u> | ADDRESS |
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| 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, assthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Seriousity</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cervical Lymphadenitis</u> | | DUE TO (c) | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Mo</u> |
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| | | |
|--|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from 1950 to March 4, 1957 that I last saw the deceased alive on March 6, 1957, and that death occurred at 2:20 A.M. m., from the causes and on the date stated above.

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|---|--------------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Kenneth T Carter</u> | 23b. ADDRESS <u>Ellington, Mo</u> | 23c. DATE SIGNED <u>3/7/57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar 8, 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Polk Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Reynolds Co, Missouri</u> |
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|--|---|--|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>3/11/57</u> | REGISTRAR'S SIGNATURE <u>Elma Jarrod</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas S. Smith</u> | ADDRESS <u>Ellington, Mo</u> |
|--|---|--|---------------------------------|

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Received 3-13-57
Reynolds County Health Cer
File No. 357 - 11

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 Chas S. Perutz

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo

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.