

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8710**  
**1123**

FILED MAR 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>40 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1043 Tasso Apt. #7</b>		e. STREET ADDRESS (If rural, give location) <b>1043 Tasso - Apt. #7</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIJAH</b> b. (Middle) <b>J.</b> c. (Last) <b>Cap Hill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-9-1957</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>May-20-1893</b>	9. AGE (To years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hotel</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Waiter</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carlisle, Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Hampton Hill</b>	13b. MOTHER'S MAIDEN NAME <b>Hettie</b>	14. NAME OF HUSBAND OR WIFE <b>Georgia B. Hill</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Georgia B. Hill</b>	ADDRESS <b>1043 Tasso</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>		DUE TO (b) <b>Coronary Sclerosis</b>		<b>4200</b>
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease with Old CVA Left.</b>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **January 17, 1956**, to **March 9, 1957**, that I last saw the deceased **alive on March 2, 1957** and that death occurred at **9:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ernie P. Mc Donald</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2604 Prospect Avenue</b>	23c. DATE SIGNED <b>3/9/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-14-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-10-57</b>	REGISTRAR'S SIGNATURE <b>neva munsell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bryham Jones</b>	ADDRESS <b>183 1/2 Oak</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Bruce P. Mc Donald

STATEMENT BY LICENSED EMBALMER

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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 .....  
Licensed Embalmer No. ....  
P. O. Address 7300 E. ....

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.