V.S. No. 300
Rev. 10.48

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12448

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 64

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drexel.
c. LENGTH OF STAY (In this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home, Drexel, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN: Drexel.
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1st & Pine Streets. 0190

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): ELLSWORTH
c. (Last): HILL

4. DATE OF DEATH (Month) (Day) (Year): Apr. 29, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Sep. 15, 1866
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 7 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realestate & Ins.
10b. KIND OF BUSINESS OR INDUSTRY: Agt. Same.
11. BIRTHPLACE (City and State or Foreign Country): Madison County Ohio.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robt. B. Hill
13b. MOTHER'S MAIDEN NAME: Mary E. Woosley.
14. NAME OF HUSBAND OR WIFE: Della Glendening Hill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: 495-42-7239
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Glen Hill, Drexel, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Obliterans - Rt Leg. - Gangrene 7 Rt Foot — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Sclerotic Heart Disease — not known
DUE TO (c) Arterio - Sclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4200
20. AUTOPSY? YES [ ] NO [X] 2

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 16, 1954, *to* Apr. 29, 1957, *that I last saw the deceased alive on* April 28, 1957, *and that death occurred at* 4:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Basil O. Hartwell M.DD.
23b. ADDRESS: Drexel, Missouri.
23c. DATE SIGNED: 4/30/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: 5/ 1/ 57.
24c. NAME OF CEMETERY OR CREMATORY: Sharon Cemetery.
24d. LOCATION (City, town, or county) (State): Drexel, Missouri.

DATE REC'D BY LOCAL REG.: 5/1/57
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [signature] Drexel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
MAY 6 1957
CASS COUNTY
HEALTH DEPARTMENT

MAY 10 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, o~~r by~~ ....., ~~Student Embalmer No~~ .....

working ~~under my personal supervision~~

Student XXXXXXXXXXXXXXXXXXXXX
Signature of Student Embalmer

Signed J.B.HAYS

Licensed Embalmer No. 1950

P. O. Address Drexel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.