

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 - 1957

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 79

Health,
Welfare
Public
Service

300
1-56

All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Wernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Nevada</u> 1080 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u> Length of stay in 1b <u>7 days</u>		d. STREET ADDRESS (If outside, give location) <u>At. # 2</u> Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Margaret Jane Hill</u>			4. DATE OF DEATH Month Day Year <u>April 29 1957</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 1, 1882</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Miller</u>	
14. MOTHER'S MAIDEN NAME <u>Susan Beckett</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Elsie Hill, Route #2, Nevada Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma (ascending colon)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Advanced age</u>			INTERVAL BETWEEN ONSET AND DEATH <u>abt 1 yr</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>No injury.</u>		20c. TIME OF INJURY Hour Month Day Year 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.) <u>none</u>	
20f. CITY, TOWN, OR LOCATION <u>Nevada</u> COUNTY <u>Wernon</u> STATE <u>Mo</u>		21. I attended the deceased from <u>Apr 27</u> and last saw her alive on <u>Apr 29/57</u> Death occurred at <u>3 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>M. Love MD</u> (Degree or title)		22b. ADDRESS <u>Nevada Mo</u>	
22c. DATE SIGNED <u>4/29/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>May 1, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Nevada, Missouri</u>		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS <u>Ferry Funeral Home, Nevada, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-2-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Anna B. Ferry</u>			

JUN 22 1957

170 (radio) 1/2

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 *L. Angles Ferry*

Licensed Embalmer No. *496*

P. O. Address *Nevada, N*

7/2/55

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.