

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16655

State File No. _____

FILED JUN 6 1957

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 28

0361

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		c. LENGTH OF STAY (In this place) <u>24 hours</u>	c. CITY OR TOWN <u>Bourbon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northside Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>—</u> c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June-1-1957</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3 1896</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Days <u>2</u> Hours <u>28</u> IF UNDER 12 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Work-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railways</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>—</u>		13a. FATHER'S NAME <u>Richard Hill</u>		
13b. MOTHER'S MAIDEN NAME <u>Bird Lemmans</u>		14. NAME OF DECEASED WIFE <u>Mirtle Ratliff</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. <u>723-05-0139</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mirtle Hill</u> ADDRESS <u>Bourbon, Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbid 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>Emphysema</u> <u>Diabetes Melitus</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>241X</u>		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 8-24, 1955, to 6-1, 1957, that I last saw the deceased alive on 6-1, 1957 and that death occurred at 9:45 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Canahan MD.</u>	23b. ADDRESS <u>Bourbon Missouri</u>	23c. DATE SIGNED <u>6-2-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-4-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bourbon Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-2-57</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon S. Thayer</u> ADDRESS <u>Cuba, Mo.</u>
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4960

JUN 20 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 *Norman C. Sheser*

Licensed Embalmer No. *4673*

P. O. Address *Cuba, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.