

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DEPARTMENT OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23701

STATE FILE NUMBER

XC-210 10 26
REG.# 14557

REG. JUL 31 1957

43

Primary Registration District No.

3007

Registrar's No.

464

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR POPLAR BLUFF				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CAPE GIRARDEAU Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION VETERANS ADM. HOSPITAL				Length of stay in lb 26 DAYS		d. STREET ADDRESS 609 MASON STREET (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRISON Middle (NMI) Last HILL				4. DATE OF DEATH Month JULY Day 22 Year 1957			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-7-88	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONCRETE WORKER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU, MISSOURI				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME UNKNOWN				14. MOTHER'S MAIDEN NAME KATIE HINKEL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI				16. SOCIAL SECURITY NO.		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMIPLEGIA, LEFT. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL THROMBOSIS DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1. ARTERIOSCLEROSIS						INTERVAL BETWEEN ONSET AND DEATH 1 Month 1 Month	
19. WAS AUTOPSY PERFORMED? NO YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
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.)		20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. Attended the deceased from June 26, 1957 to July 22, 1957 Death occurred at 9:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) H. D. TURNER, M.D., Actg. Chief, Med. Svc.						22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 7/23/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-25-57		23c. NAME OF CEMETERY OR CREMATORY City Cem.		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. 7/27/57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 30 1967 JUL 30 1967

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Frank M. Hill*

Licensed Embalmer No. *500*

P. O. *Joseph R. Bluff*

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