

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28412

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 813 W. Truman Rd.			Length of stay in lbs 88yrs	d. STREET ADDRESS 813 W. Truman Rd.			Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) MR. CHARLES STEERS HILL				First	Middle	Last	4. DATE OF DEATH Aug. 20, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 11, 1862		9. AGE (In years, if birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner, Hardware, Plbg. & Heating (self)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Eagle River, Wisconsin			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Richard Hill				14. MOTHER'S MAIDEN NAME Elizabeth Steers					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-36-8445		17. INFORMANT J. Howard Hill Address Indep, 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) <u>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>420.0</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u>		
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 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		COUNTY		STATE	
21. I attended the deceased from <u>Aug. 19, 1957</u> to <u>Aug. 20, 1957</u> and last saw ^{her} him alive on <u>Aug. 19, 1957</u> . Death occurred at <u>6:00</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W. H. Henderson</u> (Degree or title)				22b. ADDRESS <u>604 W. Maple Independence, Mo.</u>			22c. DATE SIGNED <u>8/21/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 22, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington		23d. LOCATION (City, town, or county) K. C. Mo. (State)					
24. FUNERAL DIRECTOR ADDRESS OTT & MITCHELL INDEP, MO.			25. DATE RECD. BY LOCAL REG. 8-22-57		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>				

1957
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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.....
Licensed Embalmer No. 49

P. O. Address.....
Indep.

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.