

Health, Welfare Public Service

STANDARD CERTIFICATE OF DEATH

32759 STATE FILE NUMBER 2001 Registrar's No. 458

FILED SEP 17 1957

Registration District No. 246-56 Primary Registration District No.

13300-57

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY OKLA.	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OKLAHOMA CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3510 MOFFET		Length of stay in lb 6 WEEKS	d. STREET ADDRESS (If outside, give location) 1521 N. PENNSYLVANIA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CORA Middle HUGHES Last HILL	4. DATE OF DEATH Month AUG. Day 31 Year 1957
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5. SEX FEMALE	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 FEB 13, 1873	9. AGE (In years of birthday) 84	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) MARCO, INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ABASLON HUGHES	13b. MOTHER'S MAIDEN NAME MARY JOHNSTON	14. NAME OF HUSBAND OR WIFE H. C. HILL, DEC'D
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT HARRY M. HILL, 3510 MOFFET, JOPLIN, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastric hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Ileus ####		24 hr.
	DUE TO (c) Primary Carcinoma of Sigmoid Colon		?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 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.) 153X
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 JOPLIN, MO.	COUNTY NEWTON	STATE OKLA.
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21. I attended the deceased from July 16, 1957 to Aug. 31, 1957 and last saw her alive on Aug. 30, 1957 Death occurred at 1:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) 2	22b. ADDRESS 3014 Main Joplin Mo.	22c. DATE SIGNED 9/1/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-1-57	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) OKLAHOMA CITY, OKLA.
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-5-1957	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. Newton

District File Number 957-206

Date Filed SEP 19 1957

OCT 9 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.