

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34546

STATE FILE NUMBER

FILED OCT 11 1957

Registration District No. 333 Primary Registration District No. 6115 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Catron</u> 072 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>Route one</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Route one</u> Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Larry David Hill</u> First Middle Last			4. DATE OF DEATH <u>9-23-1957</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-25-1948</u>		9. AGE (In years last birthday) <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Canalou, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13. FATHER'S NAME <u>Ray Hill</u>		
14. MOTHER'S MAIDEN NAME <u>Mildred Lacy</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		
16. SOCIAL SECURITY NO. <u>—</u>			17. INFORMANT <u>Mildred Lacy Hill Catron, Mo.</u> address		

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>CRUSH INJURY OF HEAD,</u> <u>NECK, CHEST AND RIGHT HIP</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9/21</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>46</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input checked="" 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.) <u>RIDING TRACTOR, FELL INTO TRACTOR</u>	
20c. TIME OF INJURY <u>6:45 P.M.</u> Hour Month, Day, Year <u>9/23/57</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NEAR CANALOU, NEW MADRID, MO.</u>	
21. I attended the deceased from <u>9/23/57</u> to <u>9/23/57</u> and last saw her/him alive on <u>—</u> Death occurred at <u>7:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ralph Franklin, M.D.</u>		22b. ADDRESS <u>MOREHOUSE, MO.</u>	
22c. DATE SIGNED <u>9/26/57</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-25-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Matthews Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Matthews, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Bellevue Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>

Sikeston, Mo (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Coroner cannot certify to a death due to natural causes.
 If a cause of death is not stated, the cause of death shall be presumed to be natural.

MEDICAL CERTIFICATION

DATE RECEIVED OCT 7 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1057-215

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

Carl J. Smith

Licensed Embalmer No. *30*

P. O. Address *Ocean*

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.