

Health,  
& Welfare  
S. Public  
Health Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Securing the medical certificate in the specific manner required by 1937, 140 M&K S 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43178

STATE FILE NUMBER

FILED DEC 3 - 1957

Registration District No. 325 Primary Registration District No. 6098 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Liberty</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>LANCASTER 0980</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Horne</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>North Liberty</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Kathrine</u> Last <u>Hill</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>25</u> Year <u>57</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 17 1877</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Schuyler County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Frank Gibson</u>				14. MOTHER'S MAIDEN NAME <u>Mary Porter</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Dewell Hill Lancaster, 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>Cerebral thrombosis</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>332X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>							
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		CITY <u></u> STATE <u></u>	
21. I attended the deceased from <u>2-24-56</u> to <u>11-25-57</u> and last saw <u>her</u> alive on <u>11-24-57</u> Death occurred at <u>11:00</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. R. Stokes</u> (Degree or title)				22b. ADDRESS <u>Do. 2 Lancaster, Mo.</u>		22c. DATE SIGNED <u>11-28-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/27/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arrie Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>		
24. FUNERAL DIRECTOR <u>Norman Lancaster Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>11-27-57</u>		26. REGISTRAR'S SIGNATURE <u>Wm. R. J. Drake</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 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 *Donald B. Foster*  
Licensed Embalmer No. *4742*  
P. O. Address *Kirkwood*

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.