

STANDARD CERTIFICATE OF DEATH

42190

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No.

132

Primary Registration District No.

3021

Registrar's No.

229

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN <u>Trenton</u>		Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1411 MAIN ST</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1411 MAIN ST.</u>		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First <u>HATTIE</u> Middle <u>MAE</u> Last <u>Hill</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>28</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>APR. 29, 1875</u>		9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook at Hospital</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>MERCER Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HARVE TRAINER.</u>		13b. MOTHER'S MAIDEN NAME <u>DRUZILLA ANN HORN</u>		14. NAME OF HUSBAND OR WIFE <u>(Dec)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>H.T. Hill Trenton, Mo.</u>	
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>Arterio Sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4500</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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>Jan. 17, 1957</u> to <u>Dec. 28, 1957</u> and last saw her alive on <u>Dec. 26, 1957</u> Death occurred at <u>3:30</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E.A. Duffy M.D.</u> (Degree or title)		22b. ADDRESS <u>Trenton, Missouri</u>		22c. DATE SIGNED <u>12/28/57</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u>	23b. DATE <u>Dec 30, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brummitt Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Modena, Mo.</u>	
24. FUNERAL DIRECTOR <u>Gordon Blackmore</u>		ADDRESS <u>Trenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-28-57</u>	
26. REGISTRAR'S SIGNATURE <u>Iselle Fair</u>					

(Licensed Embalmer's Statement on Reverse Side)

E.A. Duffy.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Claude H. Crandall Jr.*

Licensed Embalmer No. *4986*

P. O. Address *Frederick, Md.*

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.