

Health, Welfare & Public Service

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005586  
STATE FILE NUMBER 795

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

M. B. Basebolt

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Margaret K. Home</b>		Length of stay in lb <b>11 years</b>	
3. NAME OF DECEASED (Type or print) First <b>MR. ELBERT</b> Middle <b>HILL</b> Last <b>HILL</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>14,</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-16-1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Saline Co., Mo.</b>
13a. FATHER'S NAME <b>Samuel Herbert Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann Hardwick</b>	
14. NAME OF HUSBAND OR WIFE <b>Nettie Hill</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Lost</b>		17. INFORMANT <b>Claude L. Blosser</b> Address <b>7100 College</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mysocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>42-1</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>5 yrs</b> <b>42-1</b>
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <b>10</b> Minute <b>0</b> Day, Year			
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 <b>June 1957</b> to <b>Feb 14, 1958</b> at <b>her home</b> and last saw him alive on <b>Feb 14, 1958</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. B. Basebolt MD</b>		22b. ADDRESS <b>4000 Baltimore</b>	
22c. DATE SIGNED <b>2/14/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Feb. 14, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>-</b>
		23d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co. K. C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-14-58</b>	26. REGISTRAR'S SIGNATURE <b>Ivea Marshall</b>



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 *E. O. Tipton* .....

Licensed Embalmer No. *4817* .....

P. O. Address *Kansas City, 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.