

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015372
STATE FILE NUMBER

FILED APR 29 1958

Registration District No. 294 Primary Registration District No. 3057 Registrar's No. 36

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| 1. PLACE OF DEATH a. COUNTY <u>RAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u> <u>0890</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>RAYVILLE</u> 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>CLEMONS REST HOME</u> | | Length of stay in 1b <u>8 MONTHS</u> | d. STREET ADDRESS (If outside, give location) <u>3 1/2 Miles East Rayville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ETHEL (N) HILL</u> | | | 4. DATE OF DEATH Month Day Year <u>APRIL 14 1958</u> | | |
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| 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"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>NOVEMBER 18, 1884</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months Days <u>4 26</u> | IF UNDER 24 HRS. Hours Min. <u>0</u> |
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| 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>HOUSEKEEPING</u> | 11. BIRTHPLACE (City and state or country) <u>RAY COUNTY, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>JOHN SHOEMAKE</u> | 13b. MOTHER'S M maiden NAME <u>ROWENA COLLEY</u> | 14. NAME OF HUSBAND OR WIFE <u>CARL S. HILL</u> |
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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) <u>NO NONE</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT Address <u>Mr David K. Frazier, Rayville, Missouri</u> |
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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) <u>Cerebral Vascular Accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Hypertension</u> | | <u>1 1/2 yrs.</u> |
| | DUE TO (c) <u>331X</u> | | |
| 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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
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| 21. I attended the deceased from <u>4/10/58</u> to <u>4/14/58</u> and last saw her alive on <u>4/14/58</u> Death occurred at <u>10:50 p.</u> m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Dr. E. Q. Reven AB DO 2</u> | 22b. ADDRESS <u>Richmond, Mo</u> | 22c. DATE SIGNED <u>4/17/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>APRIL 17, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>OLD UNION CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>LFWSON MISSOURI</u> |
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| 24. FUNERAL DIRECTOR <u>QUEST-LIFE FUNERAL HOME RICHMOND, MISSOURI</u> | 25. DATE RECD. BY LOCAL REG. <u>Apr. 14-22-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5. 300

1-57

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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.

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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 *George H. Hill*

Licensed Embalmer No. *4066*

P. O. Address *Pickens, S.C.*

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.