

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043784

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1255

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN SPRINGFIELD 0396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.				Length of stay in lb 3 YRS.		d. STREET ADDRESS (If outside, give location) ST. JOHN'S HOSP.	
3. NAME OF DECEASED (Type or print) First FATHER Middle HILARY Last HILL				4. DATE OF DEATH Month DEC. 28 Year 1958			
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH FEB. 15 1909	
9. AGE (In years) 49		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) ST. JOSEPH, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life or if retired) CATHOLIC PRIEST				10b. KIND OF BUSINESS OR INDUSTRY CHAPLAIN		11. BIRTHPLACE (City and state or country) ST. JOSEPH, MO.	
13a. FATHER'S NAME ELMER T. HILL				13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) YES W.W. #2				16. SOCIAL SECURITY NO.		17. INFORMANT FR. ROBERT READY Address SPRINGFIELD, MO.	
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>Acute coronary occlusion with myocardial infarction</u> DUE TO (b) <u>Cardiovascular arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4301						INTERVAL BETWEEN ONSET AND DEATH 1 hour Undetermined	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.				20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION COUNTY STATE				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 7:50 P.M. Dec. 28, to 8:00 P.M. Dec. 28, and last saw him alive on 12-28-58 Death occurred at 8 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Michael J. Delaney male			
22b. ADDRESS 1636 S. Glenstone, Springfield 4, Missouri				22c. DATE SIGNED 12-29-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10/30/58		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) CONCEPTION, MO.	
24. FUNERAL DIRECTOR H. H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 12-30-58		26. REGISTRAR'S SIGNATURE Effie E. Melton	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *H. J. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield*

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.