

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013111

STATE FILE NUMBER

APR 28 1959 Registration District No. 140 Primary Registration District No. 5544 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Femme Twp.		c. CITY OR TOWN Fayette 04510	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Lawn Rest		d. STREET ADDRESS (If outside, give location) S. Main St.	
3. NAME OF DECEASED (Type or print) First GEORGE Middle HINTON Last HILL		4. DATE OF DEATH Month APRIL Day 8 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Type Setter		11. BIRTHPLACE (City and state or country) Boone County, Mo.	
13a. FATHER'S NAME George H. Hill Sr.		14. NAME OF HUSBAND OR WIFE Ada Brummell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Mrs. John Page Fayette, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tremor - DUE TO (b) psychosis - senile - DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 304X			INTERVAL BETWEEN ONSET AND DEATH 1 wk. 5 yrs.
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 _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
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.)	
21. I attended the deceased from Jan. 1936 to April 8, 1959 and last saw her alive on April 8, 1959 Death occurred at 7 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mr. Lee M. L.		22b. ADDRESS Fayette Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/10/1959	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Fayette, Missouri	
24. FUNERAL DIRECTOR Joseph A. Carr		25. DATE RECD. BY LOCAL REG. 4-10-59	
26. REGISTRAR'S SIGNATURE Mary K. Shell		27. DATE SIGNED 4/10/59	

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 *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Lafayette*

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.