Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013341
STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1813

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Luke's — Length of stay in 1b: 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Parkville 0830 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Route 6 Box 362 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Wayne Middle: Clarence Last: Hill

4. DATE OF DEATH: Month: 4 Day: 9 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 4-15-1923

9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engine Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: T.W.A.

11. BIRTHPLACE (City and state or country): Mason City, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Clarence B. Hill

13b. MOTHER'S MAIDEN NAME: Mina Hyett

14. NAME OF HUSBAND OR WIFE: Lorraine Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 484-16-8194

17. INFORMANT: Mrs. Lorraine Hill Address: Parkville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized melanomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Primary melanoma of — 2 yrs +
DUE TO (c): rt interscapular region.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1905

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] 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 4-13-57, to 4-9-59 and last saw her/him alive on 4-9-59
Death occurred at 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Neill Berry, M.D.

22b. ADDRESS: 4706 Broadway

22c. DATE SIGNED: 4-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-12-59

23c. NAME OF CEMETERY OR CREMATORY: East Slope Mem. Gdns.

23d. LOCATION (City, town, or county) (State): Platte County, Mo.

24. FUNERAL DIRECTOR: D.W. Newcomer's Sons ADDRESS: N.K.C., Mo.

25. DATE RECD. BY LOCAL REG.: 4-10-59

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Neill Berry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of thi
certificate was embalmed by me, or by .....Student Embalmer No..
working under my personal supervision.

Student.....
Signiture of Student Embalmer

Signed .....

Licensed Embalmer No ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWR
(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.