

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031524

FILED VS SEP 21 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 926 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in 1b <u>15 Years</u>		c. CITY OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>508 Hickory Street</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>108 1/2 North 3rd St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Chester</u> Middle <u>Winfred</u> Last <u>Hill</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>12</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-5-'34</u>	9. AGE (last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Fruit Market</u>		11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William A. Hill</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Tolson</u>			14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>488-34-1374</u>	17. INFORMANT Address <u>City</u> <u>Mrs Etta Jackson, 719 South 20th</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		<u>Hemorrhage</u>					<u>et. orce</u>
DUE TO (b)		<u>knife wound in chest</u>					<u>alone</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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>unjustifiable knife wound by James Graves</u>			
20c. TIME OF INJURY Hour <u>7:30</u> p.m. Month, Day, Year <u>Sept. 12, 1959</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>508 Hickory St St Joseph Buchanan MO</u>		20f. CITY, TOWN, OR LOCATION <u>St. Joseph Buchanan MO</u>		20g. COUNTY STATE		
21. I attended the deceased from <u>received body</u> and last saw him <u>on Sept 12 59</u> Death occurred at <u>7:30</u> <u>pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>SE Melvney MD Baronov</u>				22b. ADDRESS <u>214 Kirkpatrick St. Joseph 5 mo Mo</u>		22c. DATE SIGNED <u>Sept 14 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept 15, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dayton, Ohio</u>		23d. LOCATION (City, town, or county) (State) <u>Dayton, Ohio</u>			
24. FUNERAL DIRECTOR <u>Wm. H. Alexander</u> St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. <u>Sept. 15, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Clark Goodell</u>		

DOCUMENT

SE: Melvney Medical Certification

BY AFFIDAVIT OF

1951 8 8 100

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address. St. Joseph,

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.