

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032387

FILED OCT 13 1959

Primary Registration District No. 1002

Registrar's No. 4675

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY Pettis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 22 min.	c. CITY OR TOWN Sedalia		Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Childrens Mercy Hospt.		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 207 E. Morgan		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First GRETA Middle ELAINE Last HILL			4. DATE OF DEATH Sept. 25, 1959		
5. SEX Female	6. COLOR OR RACE Negro	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH July 18, 1957	9. AGE (last birthday) 2 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY child		11. BIRTHPLACE (City and state or country) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ralph Hill		13b. MOTHER'S MAIDEN NAME Nola Smith		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Sedalia, Mo. Mrs. Nola Hill 207 E. Morgan St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia due to unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Organisms. DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ 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 _____, to _____, and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Deputy Registrar</i>		22b. ADDRESS <i>1618 Lydia Ave</i>		22c. DATE SIGNED <i>9/26/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-26-59	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 9-26-59		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

P. O. Address _____
2304

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.