

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038884

FILED VS DEC 8 1959 032

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **79**

ENDED

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville,		Length of stay in 1b 6 Yrs.		c. CITY OR TOWN Lutesville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First James Middle McHenry Last Hill				4. DATE OF DEATH Month 11 Day 26 Year 1959							
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/14/87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and state or country) Schanute, Kansas		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Seth Hill			13b. MOTHER'S MAIDEN NAME Martha Alt		14. NAME OF HUSBAND OR WIFE Rosa Moore Hill						
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 Rosa Hill, Lutesville, 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) Circulatory failure DUE TO (b) Central thrombosis DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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							INTERVAL BETWEEN ONSET AND DEATH				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ s.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 11/4/59 to 11/26/59 and last saw him live on 11/26/59 Death occurred at 1:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) John J. Myers MD					22b. ADDRESS Lutesville Mo			22c. DATE SIGNED 12/1/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/28/59	23c. NAME OF CEMETERY OR CREMATORY Bol. Co. Mem. Cem.		23d. LOCATION (City, town, or county) Lutesville, Mo.						
24. FUNERAL DIRECTOR Gene Ward Lutesville Mo				25. DATE RECD. BY LOCAL REG. 12-3-59		26. REGISTRAR'S SIGNATURE Mr. Buford Crader					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 17 1959

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 R. O. Laine

Licensed Embalmer No. 4638

P. O. Address Jackson, Ms.

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.