

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040609

FILED VS. DEC 9 1959 156 Primary Registration District No. 2001 Registrar's No. 569

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 60 YRS		c. CITY OR TOWN JOPLIN		Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1920 GRAND AVE.		Reside on Farm Yes ☐ No ☒		
3. NAME OF DECEASED (Type or print) First GRACE Middle HILL Last HILL				4. DATE OF DEATH Month NOVEMBER Day 28 Year 1959					
5. SEX F		6. COLOR OR RACE W		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 7-30-1879		9. AGE (last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) TROY, Ks..		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME CLEMENT POPE			13b. MOTHER'S MAIDEN NAME MARLIN ZIMMERMAN			14. NAME OF HUSBAND OR WIFE DR. DANIEL R. HILL, '39			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) NO (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT MRS. FLORENCE PAIGE, ST. JOSEPH, 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) Pneumonia bil Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 							INTERVAL BETWEEN ONSET AND DEATH 24 hrs 5 years		
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 11-21-59 to 11-28-59 and last saw her alive on 11-28-59 Death occurred at 12:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Lewin H. Ferguson				22b. ADDRESS 201 7th St. - Joplin Mo		22c. DATE SIGNED 11-30-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-30-59		23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,		23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI			
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-2-1959		26. REGISTRAR'S SIGNATURE Nooe Merriam			

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1950

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Japhin M.

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.