| 1 | Re | egistration District No | | nary Registration | District No. | Registrar's | No. 59-9 |] | STATE FILE NU | |
|----------|------------------------|--|--|--|---|---|--|-----------------|---|---|
| — | 1 - | . PLACE OF DEATH | | | · · · · · · · · · · · · · · · · · · · | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before | | | | |
| 1 | i | a. COUNTY | n _ | | | a. STATE | ь. сс | OUNTY | | admission |
| 1 1 | I — | b. CITY (If outside cor | <u>CC</u> rporate limits, give TOWNS | (vino 91H2 | Length of stay in 1b | c. CITY | Mo | | Dade | Inside Lim |
| 1 | i | OR TOWN | · |)Fill G, | Length of July | ll OR | | | | |
| 1 | <i>l</i> | | th TYP | | yrs | TOWN | Smith TW | | | Yes D No |
| 1 1 | i | HOSPITAL OP | NOT in hospital, give locat | • | Toside Limits | d. STREET ADDRESS | (17 | cutside, give | location) | Reside on F |
| | _ | INSTITUTION So | Greenfield Rt | tl | Yes 🔲 No 🖸 | II . | So Greenfi | _eld RT | 1 | Yes No |
| † | 3 | NAME OF DECEASED | First | | Middle | Last | 4. DATE | Month | Day | Year |
| | | (Type or print) | Hannah | | | Hill | OF DEATH | Dec | 19 | 1959 |
| | 5 | . SEX | 6. COLOR OR RACE | 7. Married [| | 8. DATE OF BIR | оты 9. AGE (last | birthday) 1F | UNDER 1 YEAR | IF UNDER |
| 1 | 1 | | White | Widowed (| | Jan 30,1 | | | hopshis Bays | Hours |
| 1 | <u> </u> | Female | <u> </u> | | BUSINESS OR INDUSTR | | | | | COUNTY |
| 1 | 100 | a. USUAL OCCUPATION (ducing most of working | | | | | CE (City and state or | conutry) | 2. CITIZEN OF | WHAT COOK |
| 1 | <i>l</i> | House Wile |] me, even | Farner | | Mo | | | usa | |
| | 13/ | a. FATHER'S NAME | | 13b. M | NOTHER'S MAIDEN NAM | E | 14. N | IAME OF HUS | BAND OR WIFE | |
| | i | Tempo McCl | lama | r | elia McGeeh | 00 | ا ا | amual H | i11 | |
| 1 1 | 15 | James McCl was deceased ever | IN U.S. ARMED FORCES? | 16. Sf | OCIAL SECURITY NO. | 17. INFORMANT | | | <u>l I. I.</u> Iress | |
| 1 | | | yes, give war or dates of s | service) | | | | | | |
| | l — | no_ | | Nο | ne | Mrs Ben | Gorman Sc | <u>Green</u> | field M | rtl |
| と | 4 | 18. CAUSE OF DEATH (| (Enter only one cause per DEATH WAS CAUSED BY: | line for (a), (V), | | , | | | (IN | TERVAL BETW NSET AND DE |
| DOCUMENT | 4 | | IMMEDIATE CAUSE (a) | <i>y</i> | nalnuly | Tian | | | | ho |
| 131 | <i>i</i> 1 | | | | | | | | | |
| 8 | 1 | Condition | ns, if any, DUE TO (b) | , Can | uenut, | Stome | ·le | | / | 文学 |
| 8 | | which gas above ca stating th | ns, if any, size rise to cause (a), he under- | | ueraf, | Story | <u></u> | | / | ty |
| OD | NO | which gav above ca stating th lying cau | ove rise to lause (a), he under- suse last. DUE TO (c | c) | | Storms | | PART III. | | |
| OO | ATION | which gav above ca stating th lying cau | ave rise to cause (a), he under- ause last. DUE TO (c | c) | | Storms | | - | there a pregnar | ncy in last 90 |
| OD | FICATION | which ga- above ca- stating th lying cau PART 11. | ave rise to cause (a), he under lause last. DUE TO (c OTHER SIGNIFICANT CO disease condition given in | c) ONDITIONS CO in PART I (a) | ONTRIBUTING TO DEAT | Stanue | d to the terminal | | There a pregnar ☐ Yes ☐ ✓ | ncy in last 90 |
| DO | L CERTIFICATION | which gas above constating the lying can PART II. | ove rise to lause (a), he under- suse last. DUE TO (c | c) ONDITIONS CO in PART I (a) | ONTRIBUTING TO DEAT | Stanue | | | There a pregnar ☐ Yes ☐ ✓ | ncy in last 90 |
| OO | | which gas above castating the lying cast PART II. 19. WAS AUTOPSY PERFORMED? YES NO 2020. TIME OF Hour | ave rise to acuse (a), he under lest. DUE TO (c) OTHER SIGNIFICANT CO disease condition given in | ONDITIONS CO | ONTRIBUTING TO DEAT | Stanue | d to the terminal | | There a pregnar ☐ Yes ☐ ✓ | ncy in last 90 |
| OD | | PART II. 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED PERFORMED? YES NO PERFORMED. Y | ave rise to acuse (a), he under lest. DUE TO (c OTHER SIGNIFICANT CO disease condition given in | ONDITIONS CO | ONTRIBUTING TO DEAT | Stanue | d to the terminal | | There a pregnar ☐ Yes ☐ ✓ | ncy in last 90 |
| Od | "MEDICAL CERTIFICATION | PART II. 19. WAS AUTOPSY PERFORMED? YES NO Hour INJURY a.m. p.m. | ave rise to acuse (a), he under last. DUE TO (c OTHER SIGNIFICANT CO disease condition given in Month, Day, Year | CONDITIONS CO | ONTRIBUTING TO DEAT | Stanue | d to the terminal | of injury in PA | Yes DART II | ncy in last 90 No Un of item 18.) |
| DO | | PART II. 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED PERFORMED? YES NO PERFORMED. Y | ACCIDENT SUICIDE Month, Day, Year Divise 100, 100, 100, 100, 100, 100, 100, 100 | CONDITIONS CO | 20b. DESCRIBE HO | TH but not related | d to the terminal | of injury in PA | There a pregnar ☐ Yes ☐ ✓ | ncy in last 90 No Un of item 18.) |
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TATEMENT BY LICENSED EMBALMER

| or by | <u></u> | | , Student Embalmer No | | | | |
|---------------|----------------------|-------------------|--|--|--|--|--|
| working under | my personal sup | pervision. | 1.0 6.00. | | | | |
| Student | Signature of St | udent Embalmer | Signed W.R. Gellison | | | | |
| | 3.g.,13.5.13 3.1 3.1 | <u> </u> | Licensed Embalmer No. 4464 | | | | |
| £ | | | P. O. Address Freenfield | | | | |
| Note: T | he above MUS | T BE SIGNED BY TH | HE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comp | | | | |

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.