

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000461

FILED VS. JAN 29 1960 43

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 16 days	c. CITY OR TOWN Dexter		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First HENRY Middle HARRISON Last HILL			4. DATE OF DEATH Month Jan. Day 4, Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Feb. 11 - 82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 10 Days 23 IF UNDER 24 HR Hours 23 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Crop farming		11. BIRTHPLACE (City and state or country) Dexter, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Bob Hill			
13b. MOTHER'S MAIDEN NAME Armintha Culbertson		14. NAME OF HUSBAND OR WIFE Freda Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 482 42 3680		17. INFORMANT Address Mrs. Freda Hill, Dexter, Mo. R. # 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. ☐ Yes ☐ No ☐ Unknown					INTERVAL BETWEEN ONSET AND DEATH
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 15 Dec 59 to 4 Jan 60 and last saw him alive on 4 Jan 60 Death occurred at 10 35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. B. Harrison MD (Degree or title)			22b. ADDRESS 322 Oak Poplar Bluff Mo		22c. DATE SIGNED 12 Jan 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 17 - 60	23c. NAME OF CEMETERY OR CREMATORY Harper cem.		23d. LOCATION (City, town, or county) Stoddard Co. Missouri	
24. FUNERAL DIRECTOR CHILES UND. CO. BLOOMFIELD, MO.		25. DATE RECD. BY LOCAL REG. 1/21/60		26. REGISTRAR'S SIGNATURE C. M. Muelner	

(Licensed Embalmer's Statement on Reverse Side)

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 ✓ Lulu Cooper #3499 Student-Embalmer No. _____
working-under-my-personal-supervision.

Student _____
Signature of Student Embalmer

Signed Irene B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, N.J.

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.