

# VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960

-60-005791

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Athens Township</u>		Length of stay in lb <u>lifetime</u>		c. CITY OR TOWN <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S. of Albany, Athens Town.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>S. of Albany, Athens Town.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Orval</u> Middle <u>Clarence</u> Last <u>Hill</u>				4. DATE OF DEATH Month <u>February</u> Day <u>10</u> Year <u>1960</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/21/92</u>		9. AGE (last birthday) <u>67</u>		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) <u>farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Gentry Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					
13a. FATHER'S NAME <u>Lafayette Hill</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen Parks</u>				14. NAME OF HUSBAND OR WIFE <u>Ethel Rainey Hill</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Mrs Orval Hill</u>				Address <u>Albany, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH <u>45Min.</u>			
IMMEDIATE CAUSE (a) <u>Cornary Occlusion</u>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____													
DUE TO (c) _____													
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					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.		Month, Day, Year _____											
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 <u>October, 1957</u> to <u>10 February, 1960</u> last saw him alive on <u>February 10, 1960</u> Death occurred at <u>6:00A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Dr. D. L. Merrill</u> (Degree or title)					22b. ADDRESS <u>D.O. Albany, Missouri</u>					22c. DATE SIGNED <u>Feb. 12, 60</u>			
23a. BURIAL, CREMATION, READY AT (Specify) <u>burial</u>		23b. DATE <u>Feb. 14, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Jones Chapel</u>			23d. LOCATION (City, town, or county) (State) <u>Harrison Co., Missouri</u>						
24. FUNERAL DIRECTOR <u>Brooks-Cochell</u>				ADDRESS <u>Funeral Home, Albany, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-13-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>			

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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Coakell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.