

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010443

FILED VS MAR 24 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 56

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		c. CITY OR TOWN <b>Malden</b>	
Length of stay in lb <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin County Mem. Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>202 W. Chester</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>STEVEN</b> Middle <b>SCOTT</b> Last <b>HILL</b>			4. DATE OF DEATH Month <b>March</b> Day <b>12</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 9, 1960</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months <b>3</b> Days <b>12</b> Hours <b>0</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kennett, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gerald Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jensen</b>		14. NAME OF HUSBAND OR WIFE <b>----</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Lt. Gerald Hill, 202 W. Chester Malden, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Decompensation.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
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 (a)		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 <b>3</b> a.m. <b>9</b> p.m.	Month, Day, Year <b>3-9-60</b>	

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 <b>Malden, Mo</b>	COUNTY <b>Malden</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>3-9-60</b> to <b>3-12-60</b> and last saw her/him alive on <b>3-12-60</b> Death occurred at <b>3</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>James Dean Mc</b>	(Degree or title)	22b. ADDRESS <b>Malden Mo</b>	22c. DATE SIGNED <b>3-17-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>March 18, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eugene Cemetery</b>	23d. LOCATION (City, town, or county) <b>Eugene, Oregon</b>
24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-19-1960</b>	26. REGISTRAR'S SIGNATURE <b>Carl Anderson</b>

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

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

Signed Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.