URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960 / 37 Registration District No. ____ Primary Registration District No. 3023 Registrar's No. 169

=60=022967 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 28 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bethel Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN: Clinton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 306 West Grandview
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Walter Middle E. Last Hill

4. DATE OF DEATH: Month June Day 21 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-4-1872

9. AGE (Last birthday): 87
IF UNDER 1 YEAR: Months 8 Days 17
IF UNDER 24 HR: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Business

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (City and state or country): Kingsburg Kentucky

12. CITIZEN OF WHAT COUNTRY: U SA

13a. FATHER'S NAME: John T Hill

13b. MOTHER'S MAIDEN NAME: Mary Ella Calhoun

14. NAME OF HUSBAND OR WIFE: Lena B Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 495-36-5263

17. INFORMANT: Lena B Hill Address: Clinton 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): Insanation + debilitation — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized arterial sclerosis obliterans — 10 yrs
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

MEDICAL CERTIFICATION

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 August 1959, to death and last saw her/him alive on 6-21-60.
Death occurred at 7:58 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carroll L. Wilfong D.O.
22b. ADDRESS: Clinton Mo.
22c. DATE SIGNED: 6/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-23-60
23c. NAME OF CEMETERY OR CREMATORY: Englewood
23d. LOCATION (City, town, or county) (State): Clinton MO

24. FUNERAL DIRECTOR ADDRESS: F.L. Schaberg Clinton Mo.
25. DATE RECD. BY LOCAL REG.: June 23, 1960
26. REGISTRAR'S SIGNATURE: Mildred Bigum

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Schaberg

Licensed Embalmer No. 45[illegible]3

P. O. Address Clinton [illegible]

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