URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-026182
STATE FILE NUMBER

FILED VS JUL 22 1960

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pleasant Hill — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION: 615 N. Independence — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Cass
c. CITY OR TOWN: Pleasant Hill — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ~~615~~ 615 N. Independence — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Katie Middle: Mary Last: Hill
4. DATE OF DEATH: Month: July Day: 11 Year: 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/28/1884
9. AGE (last birthday): 75
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Cass Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Linus G. Clawson
13b. MOTHER'S MAIDEN NAME: Hannah Hildebrandt
14. NAME OF HUSBAND OR WIFE: Samuel B. Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Margery Johnson Pleasa nt Hill, Mo. Address:

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Uremia	2 Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Poss. Sarcoma of Pelvic Bones	Unknown
DUE TO (c)	Glomerulo-nephritis	Unknown

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

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 6-21-60 to 7-11-60 and last saw her/him alive on 7-11-60
Death occurred at 7-11-60 @ 1:05/4 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond E. Breadlove, DO
22b. ADDRESS: Pleasant Hill, Mo
22c. DATE SIGNED: 7-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7/13/60
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill
23d. LOCATION (City, town, or county) (State): Pleasant Hill, Missouri

24. FUNERAL DIRECTOR: Brownfield-Stanley ADDRESS: Pleasant Hill, Mo.
25. DATE RECD. BY LOCAL REG.: 7/13/60
26. REGISTRAR'S SIGNATURE: Mrs. Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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 Raymond [illegible]

Licensed Embalmer No. 5008

P. O. Address Pleasant Hi

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.