

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030384

FILED VS SEP 9 1960

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 95

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ironton (Iron)</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u> Length of stay in 1b <u>2 1/2 hours</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ironton Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wash.</u> c. CITY OR TOWN <u>Potosi</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>113 Elm</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Doris</u> Middle <u>Ann</u> Last <u>Hill</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>31</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-31-60</u>	9. AGE (last birthday) <u>2 1/2 hours</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>30</u>	IF UNDER 24 HR Hours <u>2</u> Min. <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ironton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Gorden D. Hill</u>			13b. MOTHER'S MAIDEN NAME <u>Judy Akers</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Gorden D. Hill, 113 Elm Potosi, MO</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Premature birth 5-1/2 months</u> DUE TO (b) <u>Separation of placenta - caused uterine</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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 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>8-31-1960</u> to <u>8-31-1960</u> and last saw her alive on <u>8-31-1960</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joseph L. Lunnan, M.D.</u>			22b. ADDRESS <u>Potosi, Mo.</u>		22c. DATE SIGNED <u>9-1-1960</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hills</u>		23d. LOCATION (City, town, or county) (State) <u>Potosi, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Sparks Potosi, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>9-1-60</u>		26. REGISTRAR'S SIGNATURE <u>Tha Arifone</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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address 301 East Hig
Potosi, Miss

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.