URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

-60-031651

STATE FILE NUMBER

NDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Putnam	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville — Length of stay in 1b: life	c. CITY OR TOWN Unionville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) city — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) city — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Dan Middle: Last: Hill		4. DATE OF DEATH Month: Sept. Day: 7, Year: 1960	
5. SEX: M	6. COLOR OR RACE: W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 4-6-1884
9. AGE (last birthday): 76	IF UNDER 1 YEAR: Months 5, Days 1	IF UNDER 24 HR: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired coal miner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Putnam Co. Mo.	12. CITIZEN OF WHAT COUNTRY: US.A.
13a. FATHER'S NAME: Lou Hill	13b. MOTHER'S MAIDEN NAME: Elizabeth	14. NAME OF HUSBAND OR WIFE: Mary Alice 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.: 488-14-4858	17. INFORMANT: Mary Alice Hill-Unionville, 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): Tremie poisoning — INTERVAL BETWEEN ONSET AND DEATH: 10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Chronic glomerulonephritis — year

DUE TO (c): Arteriosclerosis & hypertension — year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

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 8-28-60, to 9-7-60 and last saw her him alive on 9-7-60

Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas L Judd Do	22b. ADDRESS: Unionville Mo	22c. DATE SIGNED: 9-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify): B	23b. DATE: Sept. 9-60	23c. NAME OF CEMETERY OR CREMATORY: Pherigo Cem.
23d. LOCATION (City, town, or county) (State): Putnam Co. Mo.		
24. FUNERAL DIRECTOR ADDRESS: F.O.Husted & Son-Unionville, Mo.	25. DATE RECD. BY LOCAL REG.: 9-10-60	26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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