URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS NOV 1 1960

-SO-037972

STATE FILE NUMBER

NDED

Registration District No. 120 Primary Registration District No. 7124 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany
Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry County Memorial Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN Albany
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) S. Smith St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ETHEL Middle LORANE Last HILL
4. DATE OF DEATH Month October Day 21 Year 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 7/30/1894
9. AGE (last birthday): 66
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Gentry Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Charles Rainey
13b. MOTHER'S MAIDEN NAME: Fannie Henton
14. NAME OF HUSBAND OR WIFE: Orval 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: Mr. Donald Hill Address: New Hampton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — 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) Nephritis & Cystitis Contributory Factors — 10 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Unbilical Hernia of 30 years
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [X] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Feb. 1957 to 21-Oct-60 and last saw her alive on 21-Oct-60
Death occurred at 11:43 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Dr. W. Merrill (Degree or title) D.O.
22b. ADDRESS Albany, Missouri
22c. DATE SIGNED Oct 22, 60
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Oct. 23, 1960
23c. NAME OF CEMETERY OR CREMATORY: Jones Chapel
23d. LOCATION (City, town, or county) (State): Harrison County, Missouri
24. FUNERAL DIRECTOR ADDRESS: Brooks-Cochell Funeral Home, Albany, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 23-'60
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(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 me, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cockell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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