JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1961

-60-048529
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 252

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Township
Length of stay in 1b: 2 mos. 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Hosp. # 3
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Ninna Middle: Last: Hillhouse
4. DATE OF DEATH: Month: December Day: 21 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-24-85
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: None
11. BIRTHPLACE (City and state or country): Verona, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Alonzo Stockstill
13b. MOTHER'S MAIDEN NAME: Mary Ann Lee
14. NAME OF HUSBAND OR WIFE: Not listed
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.: Unknown
17. INFORMANT: State Hospital # 3, Nevada, Mo. 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): Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Vessel Disease — Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Brain Syndrome Assoc. with Senile Brain Disease, without Qualifying Phrase.
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 10-17-60, to 12-21-60 and last saw her/him alive on 12-21-60
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): E. Allen Pickens, M.D.
22b. ADDRESS: St. Hosp. # 3, Nevada, Mo.
22c. DATE SIGNED: 12-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-24-1960
23c. NAME OF CEMETERY OR CREMATORY: LEE CEMETERY
23d. LOCATION (City, town, or county) (State): LAWRENCE Co. MO.
24. FUNERAL DIRECTOR: MERCER FUNERAL HOME ADDRESS
25. DATE RECD. BY LOCAL REG.: Dec. 29-1960
26. REGISTRAR'S SIGNATURE: Annal E. Jerry

(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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Roy H. Mercer

Signature of Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Monett, M

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