

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004364

FILED VS FEB 7 1961 354

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 3

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Texas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>OHIO</b> b. COUNTY <b>Williams</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cabool</b>			Length of stay in 1b <b>2 weeks</b>		c. CITY OR TOWN <b>Bryan</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bruce Street</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Ohio</b>	
3. NAME OF DECEASED (Type or print) First <b>ALVIN</b> Middle <b>THOMAS</b> Last <b>HILL</b>			4. DATE OF DEATH Month <b>January</b> Day <b>23</b> Year <b>1961</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>12/21/1912</b>	9. AGE (last birthday) <b>48 Years</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Mill</b>		11. BIRTHPLACE (City and state or country) <b>Mountain Grove, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Another B. Hill</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Mae Middleton Hill</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Miss Melba Hill - 4855-43rd St. Apt 1F-N.Y Woodside 77, N.Y.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <b>Congestive Heart Faibure</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Rheumatic Heart Disease</b>							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 checked="" 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 <b>Jan. 9, 1961</b> to <b>January 23, '61</b> and last saw <del>xx</del> <b>him</b> alive on <b>Jan. 23, 1961</b>				Death occurred at <b>9:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Gaynell Cunningham</i> (Degree or title)			22b. ADDRESS <b>Cabool, Missouri</b>			22c. DATE SIGNED <b>1/26/61</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/26/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Willow Springs Cemetery</b>		23d. LOCATION (City, town, or county) <b>Mountain Grove, Missouri</b>	
24. FUNERAL DIRECTOR <b>Barber Funeral Home - Mtn. Grove, Mo</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>1-30-61</b>		26. REGISTRAR'S SIGNATURE <i>Gaynell Cunningham</i>	

MAR 1 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George Stape

Licensed Embalmer No. 3161  
P. O. Address Mt. Brown, Me

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.