

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008225

STATE FILE NUMBER

AMENDED

Registration District No. FILED VS MAR 14 1961 Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ARK.</u> b. COUNTY <u>MISS.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KENNETT</u>		Length of stay in 1b <u>48 mos.</u>	c. CITY OR TOWN <u>LEACHVILLE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DUNKLIN COUNTY MEMORIAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE #2</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM HARRISON HILL</u>			4. DATE OF DEATH Month Day Year <u>FEB. 15 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-8-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HORNERSVILLE MO.</u>	9. AGE (last birthday) <u>71</u>
13a. FATHER'S NAME <u>DANIEL HILL</u>		13b. MOTHER'S MAIDEN NAME <u>SERENA BRANNUM</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE PAGE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>HERMAN HILL LEACHVILLE ARK. RT. 2</u>
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>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease 15 years</u>			
DUE TO (c)			
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 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 <u>1/24/61</u> to <u>2/15/61</u> and last saw ^{from} him alive on <u>2/15/61</u> Death occurred at <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R J Polush M.D.</u> (Degree or title)		22b. ADDRESS <u>Hornersville, Mo</u>	22c. DATE SIGNED <u>3/8/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-16-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HORNER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HORNERSVILLE MO.</u>
24. FUNERAL DIRECTOR <u>HOWARD FUNERAL SERVICE MANILA ARK.</u>		25. DATE RECD. BY LOCAL REG. <u>3-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Howard W. Wilk M.D.</u>

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 W. H. Howard

Licensed Embalmer No. 3989

P. O. Address Dayton, Ohio

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.