

-61-026051

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 64

STATE FILE NUMBER

FILED AUG 11 1961

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>California</b>		Length of stay in 1b <b>14 YRS.</b>	c. CITY OR TOWN <b>California</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>Latham Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>HILL COMMERCIAL HOTEL</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>HARRY CORWIN HILL</b>			4. DATE OF DEATH Month Day Year <b>August 4, 1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-16-1893</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hotel Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel owner</b>		11. BIRTHPLACE (City and state or country) <b>CRESTON, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Clementine Swearingen</b>		14. NAME OF HUSBAND OR WIFE <b>Claudia Palmquist</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>Mrs. Claudia Hill, California, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		<b>Less than 1 day</b>
DUE TO (b) <b>Coronary Insufficiency</b>		<b>1 week</b>
DUE TO (c) <b>Arteriosclerosis, generalized</b>		<b>5+ years</b>
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 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 <b>California, Moniteau Mo</b>	COUNTY <b>Mo</b>	STATE
21. I attended the deceased from <b>8-4-61</b> and last saw him alive on <b>8-4-61</b> Death occurred at <b>4:20 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>R B Dulbe MO</b>	22b. ADDRESS <b>California, Mo</b>	22c. DATE SIGNED <b>8-5-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-6-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cem.</b>	23d. LOCATION (City, town, or county) <b>Denver, Colorado</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Hugh E. Williams, California, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-6-61</b>	26. REGISTRAR'S SIGNATURE <b>Helu L Popoy</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed

*Russell C. Maag*

Licensed Embalmer No. 4804

P. O. Address California, N

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.