

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028813

STATE FILE NUMBER

AMENDED

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 141

FILED SEP 11 1961

1. PLACE OF DEATH

a. COUNTY

Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kennett Mo.

Length of stay in 1b

35 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Dunklin Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

COUNTY

Dunklin

c. CITY

OR

TOWN

Kennett

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

311 South Vandeventer

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Harriett

Middle

Hill

Last

4. DATE

OF

DEATH

Month

Sept.

Day

4th-

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-10-1890

9. AGE (last birthday)

70

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)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

XX

11. BIRTHPLACE (City and state or country)

Caruthersville Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles Hill

13b. MOTHER'S MAIDEN NAME

Martha Thedford

14. NAME OF HUSBAND OR WIFE

Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

XX

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Stephen Hill

Address

Hayti Mo.

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer (Local Corrosion)

INTERVAL BETWEEN ONSET AND DEATH

(2 mos)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal cause condition given in PART I (a)

Asbestosis

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

July 29-61

to Sept 4-61

and last saw him

her

alive on

9-4-61

Death occurred at

5.30 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Paul Baldrey

(Degree or title)

M.D.

22b. ADDRESS

Kennett Mo.

22c. DATE SIGNED

9-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-6-61

23c. NAME OF CEMETERY OR CREMATORY

Oak Ridge Cemetery

23d. LOCATION (City, town, or county)

Kennett

Mo.

24. FUNERAL DIRECTOR

Lentz Service

ADDRESS

Kennett Mo.

25. DATE RECD. BY LOCAL REG.

9-5-1961

26. REGISTRAR'S SIGNATURE

Carl H. Hunsford

(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 by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar Bell Howard

Licensed Embalmer No. 42432

P. O. Address Bennett 9

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.