

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

75-61-028867
STATE FILE NUMBER

AMENDED

Registration District No. 120 Primary Registration District No. 4192 Registrar's No. 75

FILED AUG 22 1961

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| 1. PLACE OF DEATH a. COUNTY Gentry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Gentry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King City | | c. CITY OR TOWN King City | |
| Length of stay in 1b All Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | d. STREET ADDRESS (If outside, give location) 214 N. Connecticut | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Jessie Middle Buena Last Hill | | | 4. DATE OF DEATH Month August Day 8 Year 1961 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/27/10 | 9. AGE (last birthday) 50 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress | | 10b. KIND OF BUSINESS OR INDUSTRY Resturant | | 11. BIRTHPLACE (City and state or country) Gentry County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Ollie Hall | | 13b. MOTHER'S MAIDEN NAME Laura (Unknown) | |
| 14. NAME OF HUSBAND OR WIFE Clyde Hill | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Clyde Hill, King City, Mo. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INANITION AND DEBILITATION | | INTERVAL BETWEEN ONSET AND DEATH 6 WKS |
| DUE TO (b) CARCINOMATOSIS | | 12 Mos |
| DUE TO (c) PRIMARY CARCINOMA - BREAST | | 12 Mos |
| 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 checked="" type="checkbox"/> Unknown |

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| 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 June 1958 to Aug. 8, 1961 and last saw her alive on AUG. 8, 1961
Death occurred at 9: P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE E. Stueker, D.O. | (Degree or title) | 22b. ADDRESS King City, Mo. | 22c. DATE SIGNED 8-11-61 |
|---|-------------------|---------------------------------------|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Aug. 11 1961 | 23c. NAME OF CEMETERY OR CREMATORY King City Cem. | 23d. LOCATION (City, town, or county) (State) King City, Mo. |
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| 24. FUNERAL DIRECTOR Harold E. Keedrel, King City, Mo. | ADDRESS 8-14-61 | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE Mr. L. W. Bary |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

JUN 2 1962

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 Harold E. Keadel

Licensed Embalmer No. 4609

P. O. Address King City, Mo

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.