

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4354 - 61 - 029330  
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

FILED SEP 13 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>Clay - JACKSON</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY</b>                    |  | Length of stay in 1b<br><b>46 years</b>   | c. CITY OR TOWN <b>KANSAS CITY, Mo.</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>706 WEST PIATTE ROAD</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>ORVILLE</b> Middle <b>ARTHUR</b> Last <b>HILLS</b> |  |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>30</b> Year <b>1961</b> |  |  |
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|-----------------------|----------------------------------|---|---|-------------------------------------|--|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Mar 16, 1890</b> | 9. AGE (last birthday)<br><b>71</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Deputy Circuit Clerk</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b> | 11. BIRTHPLACE (City and state or country)<br><b>Sioux City, Iowa</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>Everett O. Hills</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Jennie York</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Ethel V. Hills</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWT</b> | 17. INFORMANT Address<br><b>VA Hospital Official Records, K.C. Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a)   | <b>Bronchopneumonia, bilateral</b>   |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.  | DUE TO (b) <b>Recurrent carcinoma of rectum involving the pelvis and retroperitoneum</b> |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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.) |
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| 20c. TIME OF INJURY<br>Hour _____ s.m. _____ p.m. _____<br>Month, Day, Year _____ |
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| 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 **August 9, 1961** to **August 30, 1961** in **Sioux City, Iowa**  
Death occurred at **8:45** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><b>S. H. CHOY, M.D.</b> | 22b. ADDRESS<br><b>VA Hospital, Kansas City, Mo.</b> | 22c. DATE SIGNED<br><b>8-31-61</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>9-2-1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>MEMORIAL PARK</b> | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY, MO.</b> |
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| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomer</b> | ADDRESS<br><b>Law N.K.C. Mo</b> | 25. DATE RECD. BY LOCAL REG.<br><b>9-1-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b> |
|--|---------------------------------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 Gleason H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 18, 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.