

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029904

STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 111

FILED SEP 6 1961

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Festus</u>               |  | Length of stay in 1b<br><u>20 Years</u>   | c. CITY OR TOWN <u>Festus</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>428 Walnut</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>428 Walnut</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                              |   |  |   |  |
|---|------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Carrie</u> Middle <u>Florence</u> Last <u>Hill</u>                    |                              |   | 4. DATE OF DEATH<br>Month <u>Sept.</u> Day <u>2</u> Year <u>1961</u> |   |  |
| 5. SEX<br><u>F</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Jan 20, 1870</u>                              | 9. AGE (last birthday)<br><u>91</u>                             | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>       |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>  </u>  | 11. BIRTHPLACE (City and state or country)<br><u>Bedford, Va.</u>    | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                       |  |
| 13a. FATHER'S NAME<br><u>William Elliott</u>  |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Fannie Brafford</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Lewellan Hill</u>             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |                              | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT<br><u>Miss Grace Hill, Festus, Mo.</u><br>Address |  |

|   |   |  |  |
|---|---|--|--|
| 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) <u>Cerebral thrombosis</u>  |   |  | <u>8 hrs</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Arterio sclerotic heart disease</u> |  | <u>8 yrs</u>   |
|   | DUE TO (c) <u>Cancer of stomach</u>               |  | <u>8 yrs</u>   |
| 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 |

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>  </u> Month, Day, Year <u>  </u>   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>9/3/57</u> and last saw her <u>alive on 9/2/61</u><br>Death occurred at <u>9/2/61 11:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>  |   | 22b. ADDRESS <u>Therapeutic Mrs</u>  | 22c. DATE SIGNED <u>9/5/61</u>                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Sept. 5, 1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Woodlawn</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Deoto, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Vinyard Funeral Home, Festus, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>9-5-61</u>  | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>                       |

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ  
REMARKS ON THIS RECORD TAKE AS FOLLOWS

SEP 11 1961

**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 Donald H. Wingard

Licensed Embalmer No. 4608

P. O. Address Festus, 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.