

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041451

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 238

FILED DEC 7 1961

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON		Length of stay in 1b 29 YRS.	c. CITY OR TOWN CARTHAGE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FAIR ACRES		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1519 S. MAIN
3. NAME OF DECEASED (Type or print) First MARY Middle JOSEPHINE Last HILL			4. DATE OF DEATH Month Nov. Day 27 , Year 1961
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/5/1866
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING	9. AGE (last birthday) 95
11. BIRTHPLACE (City and state or country) DELMAR, IOWA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME DANIEL KOONS		13b. MOTHER'S MAIDEN NAME ANNA LA RUE	14. NAME OF HUSBAND OR WIFE FRANK D. HILL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS. JACK HORNER, CARTHAGE, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis, acute, Suppurative			INTERVAL BETWEEN ONSET AND DEATH 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocarditis, Chronic. @ Atherosclerosis @ Hypertension			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 1-9-56 to 11-27-61 and last saw her ^{him} alive on 11-26-61 . Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS M.D. 1515 HAZEL, CARTHAGE, MO.	22c. DATE SIGNED 11-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-30-61	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	23d. LOCATION (City, town, or county) (State) CARTHAGE, MO.
24. FUNERAL DIRECTOR ADDRESS ULMER FUNERAL HOME, CARTHAGE, MO.	25. DATE RECD. BY LOCAL REG. 11-28-61	26. REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATE

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 Melvin L. Linnell

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.