DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-042506
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11290

FILED DEC 12 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Mississippi
c. CITY OR TOWN: Charleston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1002 East Commercial
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GORDON Middle PORTER Last HILL

4. DATE OF DEATH: Month DECEMBER Day 2 Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/1/1901

9. AGE (last birthday): 60
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): Insurance Agency

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (City and state or country): Dexter, Missouri.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Jefferson Hill

13b. MOTHER'S MAIDEN NAME: Anna Adele Renner

14. NAME OF HUSBAND OR WIFE: Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. N.K.

16. SOCIAL SECURITY NO.: 490-03-6148

17. INFORMANT Address: Mrs. Lee Hill, Charleston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): SUSPECTED MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK
DUE TO (b): ARTERIOSCLEROSIS — 3 YEARS
DUE TO (c): 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ 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 DEC. 1, 1961 to DEC. 2, 1961 and last saw her/him alive on DEC. 2, 1961
Death occurred at 6:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernard V. Farquhar M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 12/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-4-61

23c. NAME OF CEMETERY OR CREMATORY: Dexter Cametery

23d. LOCATION (City, town, or county) (State): Dexter, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: DEC 4 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. SHOULD READ — BY AFFIDAVIT OF

DEC 18 1961

FEB 6 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 m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton R. H. Remel

Licensed Embalmer No. 4283

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.