

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044763
6108 STATE FILE NUMBER
6108

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6108

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 30 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2612 EAST 60TH STREET Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last JESSE H HILL
4. DATE OF DEATH Month Day Year DECEMBER 3 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 2/4/03 9. AGE (last birthday) 58 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER 10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT 11. BIRTHPLACE (City and state or country) ROSCOE, MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOE HILL 13b. MOTHER'S MAIDEN NAME ELLA HELMICK 14. NAME OF HUSBAND OR WIFE MRS. FAYE 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. - 17. INFORMANT MRS. FAYE HILL Address 2612 EAST 60TH ST. KANSAS CITY, 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) Medullary Paralysis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral hemorrhage
DUE TO (c) Malignant Hypertension
INTERVAL BETWEEN ONSET AND DEATH Minutes days months

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 Month, Day, Year a.m. p.m.
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 12-24-61 to 12-3-61 and last saw him alive on 12-3-61
Death occurred at 5:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Milton S. Steinberg (Degree or title) 22b. ADDRESS 926 E. 11th St. K.C. 6, MO. 22c. DATE SIGNED 12-4-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE DEC. 5, 1961 23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. ADDRESS 1331 BRUSH CR. 25. DATE RECD. BY LOCAL REG. 12-5-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
Milton S. Steinberg, Medical Certification
ITEM NO. SHOULD READ

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. 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.