

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014325

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 744

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10128  
3128

3

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94201

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123-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

FILED MAY 7 1962	
1. PLACE OF DEATH	
a. COUNTY <b>Butler</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>
Length of stay in 1b <b>34 Years</b>	c. CITY OR TOWN <b>Poplar Bluff</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lucy Lee Hospital</b>	d. STREET ADDRESS (If outside, give location) <b>110 No. D Street</b>
3. NAME OF DECEASED	
First <b>OSCAR</b>	Middle <b>BERT</b>
Last <b>HILL</b>	4. DATE OF DEATH <b>April 28, 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-22-1881</b>
9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mo. Pacific Railroad</b>	10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (City and state or country) <b>Perry County, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>James B. Hill</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Rice</b>
14. NAME OF HUSBAND OR WIFE <b>Alice Hill</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>
16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Alice Hill Poplar Bluff</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Coronary infarction, acute</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (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. <input type="checkbox"/> Yes <input 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 a.m. 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 <b>4-19-62</b> to <b>4-28-62</b> and last saw her/him alive on <b>4-28-62</b> Death occurred at <b>4:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>J. W. McPheeters, Sr.</i> (Degree or title) <b>J. W. McPheeters, Sr. M.D.</b>	22b. ADDRESS <b>Poplar Bluff, Missouri</b>
22c. DATE SIGNED <b>5-1-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-1-1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Missouri</b>
24. FUNERAL DIRECTOR <b>Greer Croy &amp; Fitch Poplar Bluff, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5/6/1962</b>
26. REGISTRAR'S SIGNATURE <i>Thelma Lee Row</i>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Philip J. Casseely

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, 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.