MISSOURI-DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023644
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 108

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0497
2 0497
3 2
4 3
5 2
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7 0
8 2
9 4200
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12 70-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage
Length of stay in 1b: 24 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 612 Valley St
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 613 Valley St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: SUSIE Middle: KATHERINE Last: HILL

4. DATE OF DEATH: Month July Day 3 Year 1962

5. SEX: female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-11-91
9. AGE (last birthday): 70
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and state or country): Fayette, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jess Hays
13b. MOTHER'S MAIDEN NAME: Dicie Hill
14. NAME OF HUSBAND OR WIFE: Jewell Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Henry Bossell, Address: Carthage, 613 Valley, 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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2-3 yr.
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): Anorexia
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 8-31-53, to 7-3-62 and last saw her/him alive on 6-30-62
Death occurred at 4:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Grover L Patterson (Degree or title) MD
22b. ADDRESS: Carthage, Mo
22c. DATE SIGNED: 7-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7-8-62
23c. NAME OF CEMETERY OR CREMATORY: Fayette City Cemetery
23d. LOCATION (City, town, or county) (State): Fayette, Mo.

24. FUNERAL DIRECTOR: KNELL MORTUARY, ADDRESS: Carthage, Mo
25. DATE RECD. BY LOCAL REG.: 7-5-62
26. REGISTRAR'S SIGNATURE: Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

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 Frank W. Kuell

Licensed Embalmer No. 4440

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.