

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031637

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4269 Registrar's No. 64

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 29 1962

VS 300  
Rev. 4/59

1 0540  
2 0540  
3  
4 1  
5 0  
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8 2  
9 9121  
10 3  
11 054  
12 90.3  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CORDER, <del>MISSOURI</del></u> Length of stay in 1b <u>10 YRS</u>		c. CITY OR TOWN <u>CORDER</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 1/2 MI N E OF CORDER MO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 1/2 MI. N E AS</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>BEVERLY KAY HILL</u>			4. DATE OF DEATH Month Day Year <u>August 23 1962</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 1, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL STUDENT</u>	11. BIRTHPLACE (City and state or country) <u>LEXINGTON, MO</u>
13a. FATHER'S NAME <u>EDGAR W. HILL</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE LOHMAN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT Address <u>MRS EDGAR W. HILL CORDER, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>FX Cervical spine</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Tractor this girl was operating turned over and caught decedent's head</u> DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS PREEXISTING 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 checked="" 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.) <u>Tractor turned over on the decedent</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>8-23-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office/bldg., etc.) <u>Farm home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Corder Lafayette MO</u>
21. I attended the deceased from <u>after death</u> to <u>10:45</u> and last saw her alive on <u>never</u> Death occurred at <u>10:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Martin</u> (Degree or title)		22b. ADDRESS <u>Odesa MO</u>	22c. DATE SIGNED <u>8-23-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/24/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ZION LUTHERAN</u>	23d. LOCATION (City, town, or county) (State) <u>CORDER MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>E.S. James</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 25-62</u>	26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>

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 me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Columbia, 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.