

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041425

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 6286 Registrar's No. 49

FILED OCT 22 1962

1. PLACE OF DEATH
 a. COUNTY Wright
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wood Township Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 1 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Wright
 c. CITY OR TOWN Norwood Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Route # 1 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Lynda Faye Hill October 12 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5/5/62 9. AGE (last birthday) 5 Mo. 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) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Houston, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Noble Hill 13b. MOTHER'S MAIDEN NAME Mollie Price 14. NAME OF HUSBAND OR WIFE N/A

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. N/A 17. INFORMANT Noble Hill Address Norwood, 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) Accidental death from burning
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: Burned to death when home was destroyed by fire
 DUE TO burned to death when home was destroyed by fire
 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 _____ to _____ and last saw her/him alive on _____.
 Death occurred at Norwood Mo on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Willie Louise M D Lorne Wright 22b. ADDRESS Mtn Grove Mo 22c. DATE SIGNED 10-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/14/62 23c. NAME OF CEMETERY OR CREMATORY Willow Springs Cemetery 23d. LOCATION (City, town, or county) (State) Mtn. Grove, Missouri

24. FUNERAL DIRECTOR Ewell G. Craig ADDRESS Mtn. Grove, Mo. 25. DATE RECD. BY LOCAL REG. 10-15-1962 26. REGISTRAR'S SIGNATURE Bernice L. Silverman

DO NOT WRITE ON THIS STUD

AMENDED

VS 300 Rev. 4/59

1140
2140
3
4 1
5 0
6
7 0
8 2
9 9160
10 16
11 114
12 9-3
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Not Embalmed
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.