

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046256

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 3

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY CLAY		a. STATE Missouri COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN No. KAN. CITY		c. CITY OR TOWN KANSAS CITY 17	
Length of stay in 1b 2 WKS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.K.C. Mem. Hosp		d. STREET ADDRESS (If outside, give location) 4429 NO. DRURY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ralph J. HILL			4. DATE OF DEATH Month Day Year DEC. 31-1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-21-05
9. AGE (last birthday) 57		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) Retired		10b. KIND OF BUSINESS OR INDUSTRY CORN PRODUCTS CO.	11. BIRTHPLACE (City and state or country) CLINTON Co., Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME ROBERT J. F. HILL	
13b. MOTHER'S MAIDEN NAME MARY BELLE ODOR		14. NAME OF HUSBAND OR WIFE INA PEARL HILL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No -		17. INFORMANT Address INA PEARL HILL - 4429 NO. DRURY	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Myocardial infarction sudden			
DUE TO (b) Active Duodenal Ulcer 2-3 Wks			
DUE TO (c) Coronary artery Disease			
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 Month, Day, Year a.m. p.m.			
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 10-6-56 to death and last saw her/him alive on 12/31/62 Death occurred at 9:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 2058 W. N. K. C. Mo.	22c. DATE SIGNED 12/31/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 2-1963	23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL	23d. LOCATION (City, town, or county) GLADSTONE, MO.
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KAN. CITY, MO		25. DATE RECD. BY LOCAL REG. 1-2-63	26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 10 1963

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 Marwin D. Preston

Licensed Embalmer No. 5040

P. O. Address No. Kan. City, 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.