

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016102

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2481

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 13 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>24 YEARS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Hosp. &amp; Med. Center</b>		d. STREET ADDRESS (If outside, give location) <b>4311 VIRGINIA AVENUE</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ada</b> Middle <b>Livans</b> Last <b>LOVINA Hill</b>			4. DATE OF DEATH Month <b>4</b> Day <b>27</b> Year <b>63</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>cauc.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-13-1875</b>
9. AGE (last birthday) <b>88 YEARS</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>DECATUR, INDIANA</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>WILLIAM HENRY ROGERS</b>	
13b. MOTHER'S MAIDEN NAME <b>SOPHIE TRUMBELL</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLE JACKSON 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>—</b>	
17. INFORMANT <b>BERTHA SMITH, 4311 VIRGINIA</b>		Address	
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>Ninthrombotic small Bowel Infartion</b>			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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. _____	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>4-26-63</b> to <b>4-27-63</b> and last saw her alive on <b>4-27-63</b> . Death occurred at <b>7:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>2400 Cherry</b>	
22c. DATE SIGNED <b>4-28-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>APRIL 29, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>MILDRED, KANSAS</b>	
24. FUNERAL DIRECTOR <b>J.W. NEWCOMERS SONS</b>		25. DATE RECD. BY LOCAL REG. <b>4-29-63</b>	
26. REGISTER'S SIGNATURE <i>[Signature]</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED: 4-30-63  
 ITEM NO. 3: Ada Livans Hill  
 ITEM NO. 4: 1  
 ITEM NO. 5: 2  
 ITEM NO. 7: 1  
 ITEM NO. 8: 1  
 ITEM NO. 9: 570.2  
 ITEM NO. 12: 57-0  
 ITEM NO. 13:   
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 SHOULD READ: Ada Lovina Hill  
 BY AFFIDAVIT OF Funeral Director: Frank Ellis

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 Robert Ray

Licensed Embalmer No. 4183

P. O. Address K. C., 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.