

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024793

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 308

FILED JUL 1 1963

VS-300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b 50 yrs.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Joplin General Hospital		d. STREET ADDRESS (If outside, give location) 3510 Moffet	
Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last Harold M. Hill		4. DATE OF DEATH Month Day Year June 22 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5-19-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal		10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal	
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Clay Hill		13b. MOTHER'S MAIDEN NAME Cora Hughes	
14. NAME OF HUSBAND OR WIFE Lelia Hill		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	
16. SOCIAL SECURITY NO. 490-10-9908		17. INFORMANT Mrs. Lelia Hill, 3510 Moffet, Joplin, 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) Uremia DUE TO (b) Renal Failure DUE TO (c) Prostatic Enlargement		INTERVAL BETWEEN ONSET AND DEATH 15 hr 48 hr ?	
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 1/29/53 to 6-22-1963 and last saw him alive on 6/22/63		Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) J.P. Maguire M.D.		22b. ADDRESS 3014 Main Joplin Mo.	
22c. DATE SIGNED 6/24/63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-26-1963	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county). Joplin, Missouri
24. FUNERAL DIRECTOR Mason Chapel, 108 Range Line, Joplin, Mo.	25. DATE RECD. BY LOCAL REG. 6-26-1963	26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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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 *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.