

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 121

STATE FILE NUMBER 63-032097

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY

Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN West Plains

Length of stay in 1b
2 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Rover Route

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Howell

c. CITY
OR
TOWN West Plains

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS Rover Route

(If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Howard

Middle

E.

Last

Hill

4. DATE
OF
DEATH

Month

August

Day

18

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/5/1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Tennessee

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Hill

13b. MOTHER'S MAIDEN NAME

Minnie Hall

14. NAME OF HUSBAND OR WIFE

Estelle Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) yes (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

415-07-1051

17. INFORMANT

Estelle Hill, West Plains, Mo.

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)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

4 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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.

☐ 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.

Month, Day, Year

11:00 AM

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 15-8-63 to 18-8-63 and last saw him alive on 16-8-63
Death occurred at 11:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Dr. M.D.

22b. ADDRESS

West Plains, Mo

22c. DATE SIGNED

20/8/63

23a. BURIAL, CREMATION, REMOVAL (specify)

Burial

23b. DATE

8/22/63

23c. NAME OF CEMETERY OR CREMATORY

Elk Creek Cemetery

23d. LOCATION (City, town, or county)

near West Plains, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Carter Funeral Home, West Plains, Mo

25. DATE RECD. BY LOCAL REG.

8-21-63

26. REGISTRAR'S SIGNATURE

Beatrice Cook

SEP 18 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 Richard Carter

Licensed Embalmer No. 4516

P. O. Address West Plains, 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.