

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12159

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 89

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>37 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> d. STREET ADDRESS (If rural, give location) <u>North Washington</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>HORACE EDWARD HILL</u> a. (First) <u>HORACE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>HILL</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 9 1949</u>	
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>single</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 3-1867</u>
<b>9. AGE</b> (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Pennsylvania</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired rail roader</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>John Hill</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Ralte</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>no</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. G.B. Brown 415 S. Main Clinton Mo</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Uraemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular Endocarditis</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>40</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased</b> <u>Mar 27 1949</u> , to <u>4-9</u> , 1949 that I last saw the deceased alive on <u>4-9</u> , 1949, and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>E. C. Peeler M.D.</u>		<b>23b. ADDRESS</b> <u>Clinton Mo</u>	
<b>23c. DATE SIGNED</b> <u>4/11/49</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>April-11-1949</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Englewood</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Clinton Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-11-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Florence Adair</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-11-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Fred Wilkinson</u>	
<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Clinton Mo.</u>			

RECEIVED

District Health Officer No. 7;

District File Number 3-49-410

Date Filed 4-18-49

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 \_\_\_\_\_

none

Student Embalmer No. none

working under my personal supervision.

Signed none  
Student Embalmer

Signed F. L. Schelley

Licensed Embalmer No. 4513

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.