PRIMARY REC. DIST. NO. 7.4 PRIMARY REC. DIST. NO. 7.8	FILED JUL	2 6 1954	THE DIVI	SION OF HE	ALTH OF MISSO	URI ATH	sy of State File No.	24	0'79
a. COUNTY Randolph D. CITY (If outside corporate limite, write RURAL and give provided provided control of the provided contr	BIRTH NO.			295	PRIMARY REG. DIST	. NO ***	43 Registrar's No.	<i>-78</i>	*************
ORN Rural—Salt Spring Twp. Stay (in this place) TOWN Rural—Salt Spg. Tvp. Stay of the contemporation of the of the contempora	COUNTY				II A CTATE		b. COUNTY Ra	ndolp	nidence befo h admission
3. NAME OF DECEASED Lewis Smilley C. (Last) 4. DATE (Month) (Day) (Composed Print) Lewis Smilley Hill Death July 17 1. 5. SEX Male Of 6. COLOR OR RACE White Madrie Divorce Death July 17 1. 10a. USUAL OCCUPATION (Give kind of work down downing must of working ille, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Farming DUSTRY Far	b. CITY (If outside of OR TOWN Rural-	erporate limite, write RU Salt Spring	ural and give g .Twp.	STAY (in this place)	N OP	L-Salt	Spg. Tvp.	or Incorpora	a limits of ited town?
Company Country Coun	d. FULL NAME OF HOSPITAL OR INSTITUTION	off not in hospital or ins	iew Home	nddress or location)	STREET ADDRESS NW.		-	088	0 0
SEX G. COLOR OR RACE 7. MARRIED. NEVER MARRIED. 8. DATE OF BIRTH 9. AGE (in years) width to wind with the widdowed 1.27-1865 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY 62 milling 100. KIND OF BUSINESS OR IN. DUSTRY Wayne County, Kentucky U.S. CITIZENC COUNTY U.S. CITIZENC CITIZENC COUNTY U.S. CITIZENC COUNTY U.S. CITIZENC COUNTY U.S. CITIZENC CITIZENC COUNTY U.S. CITIZENC CITIZENC COUNTY	3. NAME OF DECEASED	a. (First)	b. ((Middle)	c. (Last)			(Day)	(Year)
10a. USUAL OCCUPATION (Give kind of work for the content of working life, event retired) 10b. KIND OF BUSINESS OR IN. DUSTRY farming 10b. MOTHER'S MAIDEN NAME 14b. NAME OF HUSBAND OR WIFE 10b. MOTHER'S MAIDEN NAME 14b. NAME OF HUSBAND OR WIFE 10b. MOTHER'S MAIDEN NAME 14b. NAME OF HUSBAND OR WIFE 10b. MOTHER'S MAIDEN NAME 14b. NAME OF HUSBAND OR WIFE 10b. MOTHER'S MAIDEN NAME 14b. NAME OF HUSBAND OR WIFE 10b. MOTHER'S MAIDEN NAME 14b. NAME OF HUSBAND OR WIFE 10b. MOTHER'S MAIDEN NAME 1		Lewis				<u> </u>	DEATH July		1954
doad during most of working life, even if retired) farming farmi			7. MARRIED, NE WIDOWED, DIV Widowed	VER MARRIED,	1		last birthday) Months	Days H	UNDER M HR
George Isaac Hill Lila Jane Coy Mary Elizabeth Disckman Hill Second Hill Mary Elizabeth Disckman Hill Mary Elizabeth Discounting Hill Mary	done during most of work	ION (Give kind of work king life, even if retired)		DUSTRY				COUNT	EN OF WHA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no. or unknown) (If yee, elve war or dates of service) none non			136. мо	THER'S MAIDEN	NAME				
Cross. no. or unknown Clayer, street were or dates of service none NO. Dave Hill; Huntsville, Fissouri	George Isaa	ac Hill	Lil	la Jane Co	<u>у</u>	Mary 1	Elizabeth Dis	ckman	Hill
18. CAUSE OF DEATH Enter only one onuse per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERA-TION 21a. ACCIDENT SUICIDE (Bpecity) 21b. PLACE OF INJURY (e.g., in or about Normalization, in the mode) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (NUMBE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (NUMBE) 21d. Thereby certify that I attended the deceased from the alive on the date stated above. 23a. SIGNATURE 19. DISEASE OR CONDITION (MEDICAL CERTIFICATION) INTERVAL BO ONSET AND ONSET A	Yes. no. or unknown) (I	If yee, give war or dates o	of service)	NO.	1				DDRESS
tion which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19a. DATE OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK 19. 19.74, that I last saw the dealive on 19.74, and that death occurred at 6.10 A. m., from tile causes and on the date stated above. 23a. SIGNATURE 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the detail of the death but not related to the death but not related to the death but not related to the death but not related. 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STAT WORK 10 TIME AT WORK 10 TIME AT WORK 10 TIME AT WORK 10 TIME AT WORK 10 TIME CAUSES and on the date stated above. 22c. DATE STATES	Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such is heart failure, asthenia, itc. It means the dis-	ANTECEDENT CAI Morbid conditions, rise to the above can the underlying caus	USES, if any, giving DU use (a) stating se last.	то (ы)	hanie Se O. B.	mys.	cardili	· I	AND DEATH
TION 21a. ACCIDENT (Specily) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from School 19.74, to School 19.74, that I last saw the dealive on 19.74, and that death occurred at 6.10 A. m., from tile causes and on the date stated above. 23a. SIGNATURE (Specily) 21b. Address 22c. DATE S		II. OTHER SIGNIFI	ICANT CONDITIO	NS .	·			-	
21d. TIME (Month) (Dar) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? INJURY m. WHILE AT NOT WHILE AT WORK AT WORK 1. 19 34, that I last saw the dealive on 19 1, 19 34, and that death occurred at 6:10 A. m., from tile causes and on the date stated above. 23a. SIGNATURE (Decree of Tile) 123b. Address 22c. DATES			OINGS OF OPERAT	ION		·	4201	1 -	
22. I hereby certify that I attended the deceased from rely 1, 19.34, to rely 12, 19.34, that I last saw the dealive on 19.34, and that death occurred at 6:30 A. m., from tile causes and on the date stated above. 23a. SIGNATURE (Decree of the 1923b. Address)	ia. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TOWN, OF	r Township; —	(COUNTY)	(5	TATE)
alive on 1954, and that death occurred at 6:10 A m., from the causes and on the date stated above. 23a. SIGNATURE 23c. DATES	Id. TIME (Month OF INJURY	n) (Day) (Year) (E	WHILEAT		211. HOW DID INJUR	Y'OCCUR?	-	1	
23a. SIGNATURED (Doctor of Tyle) \$\frac{1}{23b}\$. ADDRESS 23c. DATES	ער הי	that I attended th	he deceased from	n July i	6:50 A. m., from	ile causes	, 19 24 , that I la	st saw the	e decease
	3a. SIGNATURE	Poris 6	. Cs	ly HO	23b. ADDRESS	ler	rille	23c. DA	TE SIGNEI
burial 7-19-1954 Huntsville Cemetery Huntsville, Missouri	FION, REMOVAL (Specif	fart I	<i>'' '</i>	tsville_C	emetery	Hunts	sville, ^M isso	uri	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 43 = 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7-21-54 Mary & Deutley - 0 1. B. Ratton & Sons, Hantsvelle, M.	7-2/-54	AL REGISTRAR'S SI	Deut	Ley - 0	25. FUNERAL DIRE	CTOR'S SI	ED. Hantavel	DDRESS	Mrs.

STATEMENT BY LICENSED EMBALMER

	I hereby certify t	hat the body	whose n	ame is	recorded	on the	reverse	side of	this certifica	ate was emi
by m	e, or by							., Studer	nt Embalmer	No

working under my personal supervision..

Signed Saul J Batton Signature of Student Embalmer Licensed Embalmer No. 40

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.