

STANDARD CERTIFICATE OF DEATH

24079

FILED JUL 26 1954

6015 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>#443</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Salt Spring Twp.</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>		c. CITY OR TOWN <u>Rural-Salt Spg. Twp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Home</u>				STREET ADDRESS (If rural, give location) <u>NW. of Huntsville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u>		b. (Middle) <u>Smiley</u>		c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>17</u> (Year) <u>1954</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>1-27-1865</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne County, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>George Isaac Hill</u>				13b. MOTHER'S MAIDEN NAME <u>Lila Jane Coy</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Diskman Hill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dave Hill; Huntsville, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>↓</u>			
22. I hereby certify that I attended the deceased from <u>July 1</u> , 19 <u>54</u> , to <u>July 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 12</u> , 19 <u>54</u> , and that death occurred at <u>6:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Of doctor or title) <u>Morris C. Copley M.D.</u>				23b. ADDRESS <u>Huntsville</u>		23c. DATE SIGNED <u>7-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-21-54</u>		REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Patton & Sons, Huntsville, Mo.</u>			

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..... *Paul J. Patton*

Licensed Embalmer No. *40*

P. O. Address *Huntville*

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.