MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: =62-038473

Registration District No. 137   Primary Registration District No. 3623   Registrar's No. 267

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY: Henry

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton   Length of stay in 1b: 2 mo.

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 204½ W. Franklin,   Inside Limits: Yes X No ☐

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

a. STATE: Mo.   b. COUNTY: Henry

c. CITY OR TOWN: Clinton   Inside Limits: Yes ✓ No ☐

d. STREET ADDRESS (If outside, give location): 204½ W. Franklin   Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print)   First: PATRICIA   Middle: ANN   Last: HILLS

4. DATE OF DEATH   Month: Nov.   Day: 6,   Year: 1962

5. SEX: Female   **6. COLOR OR RACE**: White   **7.** Married ☐ Widowed ☐ Never Married ✓ Divorced ☐   **8. DATE OF BIRTH**: 8/29/1962   **9. AGE (last birthday)**: 0   IF UNDER 1 YEAR: Months 2 Days 7   IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):   **10b. KIND OF BUSINESS OR INDUSTRY:**   **11. BIRTHPLACE** (State or country): Clinton, Mo. Clinton General Hosp.   **12. CITIZEN OF WHAT COUNTRY**: USA

13a. FATHER'S NAME: Michieal Dean Hills   **13b. MOTHER'S MAIDEN NAME**: Roberta Johnson   **14. NAME OF HUSBAND OR WIFE**: SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No   **16. SOCIAL SECURITY NO.**: None   **17. INFORMANT**: Michieal D. Hills, Clinton, Mo.   Address: 204½ W. Franklin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Congenital heart defect   INTERVAL BETWEEN ONSET AND DEATH: 2 mo. 7 da.

Conditions, if any, which gave rise to above cause (a), stating the underlying 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. 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 8-29-62, to 11-6-62 and last saw her alive on 11-6-62. Death occurred at 9:30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh B. Walker, MD   **22b. ADDRESS**: Clinton, Mo   **22c. DATE SIGNED**: 11-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial   **23b. DATE**: Nov. 8, 1962   **23c. NAME OF CEMETERY OR CREMATORY**: Englewood Cemetery   **23d. LOCATION** (City, town, or county): Clinton, Mo.

24. FUNERAL DIRECTOR   ADDRESS: Vansant Funeral Home, Clinton, Mo.   **25. DATE RECD. BY LOCAL REG.**: Nov. 6, 1962   **26. REGISTRAR'S SIGNATURE**: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed ___*H. L. Vansant*___

Signature of Student Embalmer

Licensed Embalmer No. *3779*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 11/6/62 M.B.