

0.300
0.48
16
8

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1949

State File No. 15160

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY DUNKLIN 25	
b. CITY (If outside corporate limits, write RURAL and give STAY (in this place) OR TOWN BLOMEYER, CAPE GIRARDEAU, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENNETT MO. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3		d. STREET ADDRESS (If rural, give location) 307 N. VANDEVENTER	

3. NAME OF DECEASED (Type or Print)	a. (First) VERA	b. (Middle) MAE HILL	c. (Last) SCOTT	4. DATE OF DEATH (Month) (Day) (Year) MAY 24-1949
-------------------------------------	------------------------	-----------------------------	------------------------	--

5. SEX FEM	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 7-1921	9. AGE (In years last birthday) 27	10. MONTHS 7	11. DAYS 27	12. HOURS 	13. MIN.
-------------------	-------------------------------	---	------------------------------------	---	---------------------	--------------------	-------------------	------------------

10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY SCHOOL TEACHER	11. BIRTHPLACE (State or foreign country) KENNETT, MO.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME STEPHEN F HILL	13b. MOTHER'S MAIDEN NAME MYRES FINLEY	14. NAME OF HUSBAND OR WIFE JOHN SCOTT
--	---	---

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. -	17. INFORMANT'S SIGNATURE OR NAME MRS. S.F. HILL	ADDRESS HAYTI, MO.
--	----------------------------------	---	---------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 45 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Fracture of wrist. Fracture left radius. Multiple bruises and possible internal injuries.		8234 32	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Red 1st Rib fracture	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 25-2555 pl.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Blomeyer, Cape Girardeau, MO
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 29 49 240 a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident 16
---	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. R. Dickson	23b. ADDRESS Corner 3 4-S. Berlin St Cape Girardeau Mo	23c. DATE SIGNED MAY 29 1949
---	---	-------------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE MAY 31-1949	24c. NAME OF CEMETERY OR CREMATORY OAK RIDGE	24d. LOCATION (City, town, or county) (State) KENNETT, MO.
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. S-30-194	REGISTRAR'S SIGNATURE C.G. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE Lutz Justice	ADDRESS Kennett Mo.
--	---	----	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

DEPT

District Health Officer 4

District File Number 649-75

Date 6-6-49

JUN 7 4 1949

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 _____
Student Embalmer

Signed Edward S. Hansen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.