

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1951

State File No. 187235

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 187235

1020

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

1. PLACE OF DEATH a. COUNTY <i>Shelby</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clarence</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clarence</i> 1020	
c. LENGTH OF STAY (in this place) <i>8 years</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>Louis</i>	b. (Middle) <i>EDWARD</i>	c. (Last) <i>WILL</i>	(Month) <i>Jan.</i>	(Day) <i>15</i>	(Year) <i>1951</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>May 16, 1863</i>	9. AGE (In years last birthday) <i>88</i>	10. MONTHS <i>7</i>	11. DAYS <i>19</i>	12. IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>General Store</i>	11. BIRTHPLACE (State or foreign country) <i>Macon County, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Adolph Hill</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Neda Hill</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>U.S.</i>	16. SOCIAL SECURITY NO. <i>4</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Walter Miles</i>	ADDRESS <i>Excelsior, Mo</i>
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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 <i>3 weeks</i> <i>4 yrs</i> <i>334 X</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Apoplexy</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Oct 10, 1950*, to *Jan 15, 1951*, that I last saw the deceased alive on *Jan 15, 1951*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. L. Harlan MD</i> (Degree or title)	23b. ADDRESS <i>Clarence, MO</i>	23c. DATE SIGNED <i>2-15-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 19, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24d. LOCATION (City, town, or county) (State) <i>Macon, Mo</i>
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DATE REC'D BY LOCAL REG. <i>2-28-51</i>	REGISTRAR'S SIGNATURE <i>Ada Garrison</i> 419	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kopper Funeral Home</i>	ADDRESS <i>Clarence, Mo</i>
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Date Received: MAR 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57-480
Date Filed: MAR 6 1951

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 *James E. Hopper*
.....
Licensed Embalmer No. *8261*

P. O. Address *Clarence*
.....

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.