

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2175

State File No.

FILED JAN 18 1954
BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 303 South Vine		d. STREET ADDRESS (If rural, give location) 303 South Vine	
3. NAME OF DECEASED (Type or Print) a. (First) JESSE		b. (Middle) ADELBERT	
		c. (Last) HILL	
4. DATE OF DEATH (Month) (Day) (Year) 1 2 54			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 12/12/79
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section laborer	11. BIRTHPLACE (State or foreign country) Chariton, Iowa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gasper Hill		13b. MOTHER'S MAIDEN NAME Lucy Ann Rouse	14. NAME OF HUSBAND OR WIFE none
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'S SIGNATURE OR NAME Tom Hill, Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct Chronic Myocarditis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 19, 1954, to Jan 2, 1954, and that death occurred at 3:45 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. P. Jackson M.D.		23b. ADDRESS Maryville, Missouri.	23c. DATE SIGNED 1/4/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/9/54	24c. NAME OF CEMETERY OR CREMATORY Miriam	24d. LOCATION (City, town, or county) (State) Maryville, Missouri.
DATE REC'D BY LOCAL REG. 1-16-54	REGISTRAR'S SIGNATURE Gloss Holtz	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Curtis C. Kenley*

Licensed Embalmer No. *4936*

P. O. Address *Marysville, 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 this body is not embalmed, fact should be so stated above.