

77
S. No. 300
V. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26072

FILED AUG 27 1956

42

1000

State File No.

902

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

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

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) 40 years | c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wyatt Park Nursing Home 2705 Lafayette St. | | e. STREET ADDRESS (If rural, give location) 2612 Penn St. | |
| 3. NAME OF DECEASED (Type or Print) WILLIAM | | a. (First) P. | b. (Middle) HILL |
| c. (Last) HILL | | 4. DATE OF DEATH (Month) (Day) (Year) August 17, 1956 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Nov. 18, 1876 |
| 9. AGE (In years last birthday) 79 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Railroad Mail Clerk | 11. BIRTHPLACE (City and State or Foreign Country) Gentry County, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Railroad Mail Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY U. S. Government | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Franklin Hill | | 13b. MOTHER'S MAIDEN NAME Emmaline VanHoozer | 14. NAME OF HUSBAND OR WIFE Missouri Hill |
| 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 ADDRESS Mrs. William Hill, 2612 Penn, St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC INSUFFICIENCY 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 Conditions contributing to the death but not related to the disease or condition causing death. SENILITY | |
| 19a. DATE OF OPERATION NONE | | 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) | | 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 July 27, 1956 , to Aug 17, 1956 , that I last saw the deceased alive on Aug 17, 1956 , and that death occurred at 1:00 p. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE John I. K... | | (Degree or title) M. D. | 23b. ADDRESS Kirkpatrick Bldg St Joseph, Mo. |
| 23c. DATE SIGNED Aug 22, 1956 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 8/20/1956 | 24c. NAME OF CEMETERY OR CRYPTORY Wayman Cemetery | 24d. LOCATION (City, town, or county) (State) Albany, Missouri |
| DATE REC'D BY LOCAL REG. Aug 22, 1956 | REGISTRAR'S SIGNATURE Lothar M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newton Bowman St Joseph Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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SEP 11 1956

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.....
William Spelling

Licensed Embalmer No. 4536

P. O. Address 319 S. 11th St. A. J. Spelling

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.