

13943

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 162Health,
& Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> <u>0644</u> <u>0</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1521 Viley St.</u>		d. STREET ADDRESS <u>1521 Viley</u> (If outside, give location)	
Length of stay in 1b <u>32 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ALVIE</u> Middle <u>B.</u> Last <u>HILL</u>		4. DATE OF DEATH Month <u>4</u> - Day <u>25</u> - Year <u>57</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 17, 1901</u>
9. AGE (In years last birthday) <u>55</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Marblehead Lime</u>	11. BIRTHPLACE (City and state or country) <u>Brashear, Mo.</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during interval of working life, even if retired) <u>Mill operator</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles E. Hill</u>		14. MOTHER'S MAIDEN NAME <u>Caroline Mc Farland</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Goldie Irene Hill, Hannibal, Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of descending colon & sigmoid colon 3 years.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>Feb. 27 - 1957</u> to <u>April 25 - 1957</u> and last saw him alive on <u>April 24 - 1957</u> Death occurred at _____ m on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. Porter B. Sell</u> (Degree of title)	22b. ADDRESS <u>412 Center St. Hannibal, Mo.</u>		22c. DATE SIGNED <u>4/26/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-27-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Pk.</u>	23d. LOCATION (City, town, or county) <u>Hannibal, Mo.</u> (Side)
24. FUNERAL DIRECTOR <u>Jack Scheriff - Hannibal</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-30-57</u>	26. REGISTRAR'S SIGNATURE <u>W. E. M. Lusk by W. C. Fisher</u>

189-0

(Licensed Embolmer's Statement on Reverse Side)

RECEIVED MAY 3 1957
MARION CO. HEALTH DEPT.
DATE FILED MAY 3 1957

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 *Jack Schwert*
Licensed Embalmer No. 4900
P. O. Address Harmon

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.