

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002251

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4363 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY NEWTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairview Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HER HOME Length of stay in 1b 57 YEARS
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY NEWTON
c. CITY OR TOWN FAIRVIEW 0730 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
ALICE BELL HILL
4. DATE OF DEATH Month Day Year
JAN. 20. 1959

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED
8. DATE OF BIRTH MARCH 6-1885 9. AGE (In years last birthday) Months Days Hours Min.
73 10 14 IF UNDER 1 YEAR IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ARKANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DICKSON MIRACLE 13b. MOTHER'S MAIDEN NAME EMMA F LONG 14. NAME OF HUSBAND OR WIFE Gasper 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 Address
Clava Hill Fairview Mo. R.F.D.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompression with passive congestion of lungs & other organs
DUE TO (b) Influenza
DUE TO (c) Arteriosclerosis + Chronic Intestinal Neoplasm
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Uremia
INTERVAL BETWEEN ONSET AND DEATH
2-57
8-1-58

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
H&H

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 2-1957 to Jan 20-59 and last saw her alive on Jan 19-1959
Death occurred at Fairview Mo 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Melvin C. Bowman M.D. 22b. ADDRESS Meosko Mo 22c. DATE SIGNED 1-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan. 22-59 23c. NAME OF CEMETERY OR CREMATORY Rocky Comfort 23d. LOCATION (City, town, or county) (State) Rocky Comfort Missouri

24. FUNERAL DIRECTOR ADDRESS McQueen Funeral Home, Wheaton Mo 25. DATE RECD. BY LOCAL REG. 1-24-59 26. REGISTRAR'S SIGNATURE Mildred Moberly

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

FEB 10 1959

Date Filed FEB 9 1959

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 *Paul D. Herbert*

Licensed Embalmer No. *4576*

P. O. Address *Cassville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.